DOCUMENT RESUME

ED 352 401 TM 019 317

AUTHOR Pfeiffer, Steven I.; And Others
TITLE A Consumer's Guide to Mental Health Treatment Outcome Measures.
INSTITUTION Devereux Foundation, Devon, Pa. Inst. for Research and Training.
SPONS AGENCY American Association of Children's Residential Centers, Washington, DC.
PUB DATE 92
NOTE 89p.
PUB TYPE Book/Product Reviews (072) -- Reference Materials - Directories/Catalogs (132)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Behavior Rating Scales; Comparative Testing; Guides; Interviews; *Mental Health; *Outcomes of Treatment; *Personality Measures; Psychometrics; *Psychotherapy; Scoring; Test Norms; Test Reliability; Test Reviews; Test Use; Test Validity

ABSTRACT

A simple way of comparing the more widely used measures of the outcomes of mental health treatment is offered through this list of measures that includes both practical information and information about psychometric considerations. Each review contains information about the format, practicality (administration time and scoring), reliability, validity, and normative sample. In all, 46 tests are evaluated and grouped in the following categories: (1) 15 behavior rating scales; (2) 5 structured clinical interviews; (3) 7 personality inventories; (4) 4 global functioning scales; and (5) 15 specialized assessment measures. The sample of outcome measures listed is intended to be a useful and simple analytic framework to which any potential outcome measure could be compared. Eleven tables summarize characteristics of the measures. (SLD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED352401

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

STEVEN I. PFEIFFER

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

TM019317

2

BEST COPY AVAILABLE

A Consumer's Guide to Mental Health Treatment Outcome Measures

Steven I. Pfeiffer and Susan Soldivera
Devereux Institute of Clinical Training & Research

Jennifer Norton
New York University

We gratefully acknowledge the assistance of Lisa Eaton and Julie Goldberg for their painstaking work in collecting information on the various outcome measures and Mary Grace for her expert editorial contributions. We also wish to acknowledge the generous support of the American Association of Children's Residential Centers.

Copyright © 1992 by The Devereux Foundation. No part of this document may be reproduced or transmitted in any form or by any means, electronic or manual, without permission in writing from the publisher.

CONTENTS

		Page
	Tables	iv
	Introduction	1
I.	**Behavior Rating Scales**	6
	1. Behavior Dimensions Rating Scale (BDRS)	11
	2. Behavior Rating Profile (BRP-2)	12
	3. Burk's Behavior Rating Scales (BBRS)	14
	4. Child Behavior Checklist (CBCL) Youth Self-Report (YSR)	15
	5. Comprehensive Behavior Rating Scale for Children (CBRSC)	17
	6. Conners' Parent Rating Scale (CPRS)	18
	7. Devereux Behavior Rating Scale - School Form (DSF)	19
	8. Devereux Scales of Psychopathology (DSP)	20
	9. Emotional and Behavior Problem Scale (EBPS)	21
	10. Eyberg Child Behavior Inventory (ECBI)	22
	11. Jesness Behavior Checklist (JBC)	24
	12. Louisville Behavioral Checklist (LBCL)	25
	13. Revised Behavior Problem Checklist (RBCL)	26
	14. Symptom Distress Checklist-Revised (SCL-90-R)	27
	15. Walker Problem Behavior Identification Checklist (WPBIC)	28
II.	**Structured Clinical Interviews**	29
	1. Child Assessment Schedule (CAS)	31
	2. Diagnostic Interview for Children and Adolescents (DICA)	33
	3. Interview Schedule for Children (ISC)	34
	4. Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS)	35
	5. Psychiatric Status Schedule (PSS)	36
III.	**Personality Inventories**	37
	1. Adjective Checklist (ACL)	40
	2. Adolescent Multiphasic Personality Inventory (AMPI)	41
	3. Children's Personality Questionnaire (CPQ)	42
	4. Defense Mechanisms Inventory (DMI)	43
	5. Jesness Inventory	44
	6. Millon Adolescent Personality Inventory (MAPI)	45
	7. Personality Inventory for Children (PIC)	46

IV. Global Functioning Scales 47

1. Children's Global Assessment Scale (CGAS) 49
2. Current and Past Psychopathology Scales (CAPPS) 50
3. Global Assessment Scale (GAS) 51
4. Timberlawn Child Functioning Scale (TCFS) 52

V. Specialized Assessment Measures 53

1. Beck Depression Inventory (BDI) 57
2. Child and Adolescent Adjustment Profile (CAAP) 58
3. Child Anxiety Scale (CAS) 59
4. Children's Depression Inventory (CDI) 60
5. Children's Depression Scale (CDS) 61
6. Coopersmith Self-Esteem Inventories (SEI) 62
7. Depression Adjective Checklist (DACL) 63
8. Depressive Experiences Questionnaire (DEQ) 64
9. IPAT Anxiety Questionnaire (ASQ) 65
10. IPAT Depression Scale (IPAT DS) 66
11. Piers-Harris Children's Self-Concept Scale (Piers-Harris) 67
12. Progress Evaluation Scales (PES) 68
13. Revised Children's Manifest Anxiety Scale (RCMAS) 69
14. State-Trait Anxiety Inventory for Children (STAIC) 70
15. Tennessee Self-Concept Scale (TSCS) 71

References 72

TABLES

		Page
1	Behavior Rating Scales	7
2	Behavior Rating Scales	8
3	Behavior Rating Scales	9
4	Behavior Rating Scales	10
5	Structured Clinical Interviews	30
6	Personality Inventories	38
7	Personality Inventories	39
8	Global Functioning Scales	48
9	Specialized Assessment Measures	54
10	Specialized Assessment Measures	55
11	Specialized Assessment Measures	56

INTRODUCTION

Why We Developed the Consumer's Guide

Devereux, like many other health care facilities nationwide, recognized the need to initiate well-designed treatment outcome evaluations. The Institute of Clinical Training and Research was invited to assist the Devereux Centers, located in thirteen states, in conceptualizing, designing, implementing, and pilot testing alternative treatment outcome systems.

During our visits to the various Devereux sites around the country, we found it helpful to share with planning teams illustrative rating scales and personality measures. We also found it useful to provide these staff with information on the various evaluation instruments so that they could make a careful selection of the scales and measures they wanted to incorporate into their particular outcome evaluation system.

At about the same time, staff from ICTR were being invited to speak at national meetings and visit other residential and inpatient treatment facilities to discuss treatment outcome and follow-up evaluation. We realized that it would be particularly useful for professionals who were embarking on treatment outcome evaluation efforts to have a guide that both described and compared a number of different evaluation measures. This was the genesis for the development and publication of the present Consumer's Guide.

We initially started out reviewing only behavior rating scales, of which there are literally hundreds of published measures. We quickly found that those clinicians who we consulted with were also interested in information on the suitability, practicality, and validity of questionnaires and other instruments. This led us to expand our review to include

- Behavior Rating Scales
- Structured Clinical Interviews
- Personality Inventories
- Global Functioning Scales
- Specialized Assessment Measures

Uses of the Consumer's Guide

The primary goal of the Consumer's Guide was to provide a simple way of comparing the more widely used outcome measures. We wanted to offer answers to some of the more commonly asked questions practitioners raise when selecting measures for a treatment outcome project. Specifically, we recognized the need to include information on both practical considerations and psychometric or scientific considerations. For example, the administration time, purpose, cost, reliability, and validity. Our intent was to provide enough information so that the practitioner would be able to make an informed choice from among the more popular and readily available published outcome measures.

We did not intend to include in our review all available tests in print. We likely have omitted a number of widely used and recently published instruments. We apologize to those test authors or users whose instrument we did not include. We hope, however, that the sample of outcome measures covered in the Consumer Guide provide both a selection of possible choices wide enough to be useful and a simple analytic framework to which any potential outcome measure could be readily applied.

Criteria and Procedures

We decided to use the following criteria to review and summarize the treatment outcome measures: format, practicality, reliability, validity, and normative sample. A measure's *format* can consist of a questionnaire, checklist, rating scale or interview, as well as the less typical format of card sort, Q-sort, and vignette. The format can be designed as a self-report, i.e., the revised Beck Depression Inventory (BDI)(Beck, Rush, Shaw, & Emery, 1979), or an observer report such as a parent or teacher, i.e., the Devereux Behavior Rating Scale - School Form (DSF) (Naglieri, LeBuffe, & Pfeiffer, 1992), or a clinician, i.e., the Global Assessment Scale (GAS) (Endicott, Spitzer, Fleiss, et al, 1976).

When we reviewed instruments for *practicality*, we looked at two dimensions: *administration time* and *scoring*. *Administration time* ranged from brief (1-10 minutes to complete), to moderate (11-30 minutes to complete), to long (more than 30 minutes to complete). Scoring was rated dichotomously as either easy (less than 30 minutes to score) or difficult (more than 30 minutes to score).

Reliability, *validity*, and *normative sample* are the three psychometric properties we reviewed. We will first describe the criteria and procedures we followed to rate

the reliability of the outcome measures. Next, we will examine validity; last we will provide the criteria used to critique the normative sample.

Reliability

Reliability is typically defined as the extent to which a test's scores are stable and/or consistent (Hammill, Brown, & Bryant, 1992). *Reliability* governs the degree of confidence a user can place in the test results. The reliability of a test reflects the extent to which the results are due to chance factors or error (Naglieri & Flanagan, in press). A test that has low reliability can lead an evaluator to misrepresent small and spurious changes as indicating significant improvement in outcome.

There are three major types of *reliability* that measure the various sources of error affecting a test score: *internal consistency*, *test-retest reliability* and *interrater reliability*. We reviewed the information reported in the test manual on all three. *Internal consistency* is defined as "a measure of the interrelationship among test items" (Hammill et al., 1992, p. 8). The criteria we used to judge the internal consistency of the outcome measures were based on standards consistently reported within the professional literature (Anastasi, 1982; Bracken, 1987; Hammill, Brown, & Bryant, 1992; Naglieri & Flanagan, in press). Our criteria for rating *internal consistency* were: 1) a coefficient of .90 or greater was considered excellent, 2) .80 to .89 reliability was rated good, 3) .70 to .79 was adequate, 4) reliability below .70 was rated questionable. When more than one type of internal consistency statistic was reported in the manual (i.e., Cronbach alpha, KR-20, and Spearman-Brown), we recorded a range of all coefficients.

Test-retest reliability measures the consistency of test scores over time (Naglieri & Flanagan, in press). We decided to employ the same rating system used for internal consistency to rate each outcome measure's reported test-retest reliability. Whenever more than one reliability coefficient was reported in the test manual, we used the reliability coefficient for the shortest test-retest period. This was based on the assumption that a shorter test-retest period should yield a higher reliability coefficient and therefore we would most likely be consistently providing the consumer with the highest reliability coefficient reported in the test manual. However, the reader is cautioned that a test-retest reliability coefficient obtained during a short time interval may not be measuring only the stability of the test but also the rater's recall of his/her responses during the first administration of the test (Anastasi, 1988; Costello 1991). Interestingly enough, the test-retest reliability reported for the shortest time interval was not always the highest coefficient. For this reason, users are cautioned to consider test-retest coefficients of varying time periods, if provided in the manual, when evaluating the psychometric properties of the test.

We devised a somewhat different rating system to evaluate *interrater reliability*.

Interrater reliability cannot be expected to yield as high a coefficient as internal consistency or test-retest reliability since it is influenced by a number of confounding factors (the interested reader is encouraged to see Achenbach, McConaughy, and Howell, 1987 for a more detailed discussion). As a result, we decided to employ the following rating system: excellent ($\geq$ .80), good (.60 to .79), adequate (.40-.59), questionable ($<$.40). Achenbach et al.(1987) report a mean interrater reliability of .60 between pairs of similar informants and even lower reliability between pairs of dissimilar informants (e.g., parent and teacher). For the sake of brevity and simplicity, we decided to use the same rating system regardless of whether the interrater reliability was obtained with similar or dissimilar informants.

When rating the various types of reliability, we only used the corrected coefficient and reliability data for normal populations when available in the test manual. When this information was not provided, the uncorrected coefficients and data from clinical populations were used. In addition, whenever possible, we restricted our rating to reliability coefficients for the total scale; otherwise, ratings for the subscales were included. If more than one coefficient for the total scale was provided in the test manual, then a range was reported. The median and/or mean are also reported for some outcome measures in a summary page following the tables.

Validity

Validity is universally regarded as the most important measure of a test's adequacy (AERA, APA, and NCME, 1985). Validity refers to how well a test measures what it purports to measure and thus governs what inferences can be made from the test scores (Anastasi, 1988). There are three major types of validity: 1) content validity, 2) criterion-related validity, and 3) construct-related validity. For ease of interpretation, validity data is reported as either available in the test manual or not available.

Normative sample

The *normative sample* should be representative of the group of people with whom the test is designed to be used in order to interpret appropriately the meaning of a client's score with respect to scores of a defined population of individuals (AERA, APA & NCME, 1985; Hammill et al., 1992). The criteria that we used to rate the normative sample are based on the recommendations of Hammill et al. (1992). Samples were reviewed according to their *size*, *recency*, and *demographic characteristics*. According to Hammill et al. (1992), samples need to have at least 1000 subjects in order to represent major demographic characteristics. Hammill et al. (1992) also notes that normative data should not be more than 15 years old because the norms will likely no longer reflect the children and adolescents with whom the scores are being compared. The criterion that we used to evaluate the demographic characteristics of the sample was that the sample had to approximate

1990 U.S. Census data with respect to sex, race, region, ethnicity and SES within 5% points to insure representativeness of the sample. Samples rated good consisted of 1000 or more subjects, were gathered in or after 1977, and approximates 1990 U.S. Census data on three of the five demographic characteristics of sex, race, region, ethnicity, and SES plus or minus 5% points. Samples that met the first two criteria but not the third were rated adequate. A normative sample was rated suspect if the data was gathered before 1977 or if the sample contained less than 1000 subjects. When the test manual did not provide the year in which the data was gathered, we used the oldest copyright date of the test manual. If the authors reported no data at all, the test received a suspect rating for this category.

The Consumer's Guide was organized to be "user friendly". It is divided into five sections corresponding with the five types of outcome measures that we reviewed: behavior rating scales, structured clinical interviews, personality inventories, global functioning scales, and specialized assessment measures. In the beginning of each section are tables that provide the reader with a rating of the tests on each of the five criteria that we rated (format, practicality, reliability, validity, and normative sample). While reviewing the tables, you will find that some of the outcome measures, unfortunately, do not include test manuals. In the majority of instances, test authors include test manuals; however, it wasn't the standard practice of all authors to provide a manual. We agree with Naglieri and Flanagan (in press) that it is imperative that test authors provide this information to the consumers in compliance with recommendations suggested by the Standards for Educational and Psychological Testing (AERA, APA, & NCME, 1985). Therefore, those instruments that do not include a test manual received low ratings. Some of the outcome measures included training manuals, other supporting documentation, and/or reprints of journal articles. However, this information was judged to be inadequate and not consistent with guidelines established by the Standards for Educational and Psychological Testing (AERA, APA, & NCME, 1985). These outcome measures may, in fact, be quite useful. The interested consumer will need to do additional investigating to determine the worth of the particular measure.

We hope you find the Consumer's Guide helpful. It is a document we anticipate will undergo continuous revision as new and better outcome measures are published. We welcome your reactions and suggestions to improve the guide and wish you well as you use it to assist your treatment outcome evaluation program.

I. Behavior Rating Scales

TABLE 1
Behavior Rating Scales

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
BDRS	•Checklist: parent/teacher 43 items	1. Brief 2. Easy	1. Excellent 2. Excellent 3. Good	Available	Good[7]
BRP-2	•Checklist: parent 30 items	1. Moderate 2. Easy	1. Good to Excellent 2. Adequate to Good 3. Questionable	Available	Adequate
	•Checklist: child 60 items	1. Moderate 2. Easy	1. Adequate to Good 2. Adequate to Good 3. Not applicable	Available	Good
BBRS	•Checklist: parent/teacher 110 items	1. Moderate 2. Easy	1. Questionable 2. Adequate 3. Questionable	Available	Suspect

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes necessary to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]Provides information on clinical sample as well as normal sample.

BEST COPY AVAILABLE

TABLE 2
Behavior Rating Scales

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
CBCL	•Checklist: parent 118 items	1. Moderate 2. Difficult	1. Adequate to Good 2. Good to Excellent 3. Good to Excellent	Available	Good
YSR	•Checklist: self-report 119 items	1. Moderate 2. Difficult	1. Adequate to Good 2. Adequate to Good 3. Not applicable	Available	Good
CBRSC	•Checklist: teacher 70 items	1. Moderate 2. Easy	1. Good to Excellent 2. Questionable 3. Questionable	Available	Adequate[7]
CPRS	•Checklist: parent 93 items	1. Moderate 2. Easy	1. Questionable 2. Questionable to Adequate 3. Excellent	Available	Suspect[7]

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]Provides information on clinical sample as well as normal sample.

TABLE 3
Behavior Rating Scales

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
DSF	•Checklist: parent/teacher 40 items	1. Brief 2. Easy	1. Excellent 2. Adequate 3. Adequate	Available	Good[7]
DSP	•Checklist: parent/teacher 110 items	1. Brief 2. Easy	1. Excellent 2. Adequate to Good 3. Unavailable	Available	Good[7]
EBPS	•Checklist: teacher 58 items	1. Brief 2. Easy	1. Good 2. Excellent 3. Excellent	Available	Adequate[7]
ECBI[8]	•Checklist: parent/teacher 36 items	1. Brief 2. Easy	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect
JBC	•Checklist: parent/teacher/ self-80 items	1. Moderate 2. Easy	1. Questionable 2. Questionable 3. Good to Excellent	Available	Suspect[7]

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]Provides information on clinical sample as well as normal sample.
[8]No manual is available; however, articles that describe the psychometric properties of the instrument may be available.

BEST COPY AVAILABLE

TABLE 4
Behavior Rating Scales

Scale	Format	Practicality 1. Administration[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
LBCL	•Checklist E2: parent 164 items	1. Moderate 2. Easy	1. Adequate to Good 2. Adequate to Good 3. Questionable	Available	Suspect[7]
RBPC	•Checklist: parent/teacher 89 items	1. Moderate 2. Easy	1. Adequate to Good 2. Questionable 3. Adequate to Good	Available	Adequate[7]
SCL-90-R	•Checklist: self-report 90 items	1. Moderate 2. Easy	1. Good 2. Good 3. Not applicable	Available	Adequate[7]
WPBIC	•Checklist: teacher/parent 50 items	1. Brief 2. Easy	1. Excellent 2. Good 3. Excellent	Available	Suspect[7]

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes to score).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]Provides information on clinical sample as well as normal sample.

BEST COPY AVAILABLE

Behavior Dimensions Rating Scale (BDRS)

COMPLETED BY: Parent, teacher, psychologist, counselors

REFERENCE: Bullock, L.M. & Wilson, M.J. (1989). Behavior Dimensions Rating Scale Examiner's Manual. Allen, TX: DLM Teaching Resources.

SOURCE: Lyndal M. Bullock & Michael J. Wilson
DLM Teaching Resources
1 DLM Park
Allen, Texas 75002

APPROPRIATE TARGET GROUPS: 5-11 years

FUNCTIONAL AREAS/SCALE TITLES: Aggressive-Acting Out, Irresponsible-Inattentive, Socially Withdrawn, Fearful-Anxious

TYPE OF FORMAT: 43 items; bipolar descriptions on a 7 point continuum

FOCUS/PURPOSE: Assessment of behavior problems related to emotional problems

TIME SPAN COVERED BY ASSESSMENT: Two week observation period required

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Excellent; alpha coefficients from .87-.96 for subscales across groups and .94-.98 for total scale across groups; median = .95
- **Test-retest reliability:** Excellent; correlations for 3-4 weeks = .82-.89 (subscales) and .91 (overall)
- **Interrater reliability:** Good; correlations for subscales, as rated by teachers and teachers' assistants, from .64-.68 and total =.68
- **Content validity:** Yes
- **Construct validity:** Confirmatory and exploratory factor analysis and multitrait-multimethod analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Discriminant between emotionally disturbed and general population

SPECIAL CONSIDERATIONS: 5-10 minutes to administer; more than one rater suggested; standardized on 1,942 individuals from kindergarten to grade 11; current and national representation; also nationally validated on a juvenile offender population.

Behavior Rating Profile, Second Edition (BRP-2)

COMPLETED BY: Client (Self-report) and parent

REFERENCE: Brown, L.L., & Hammill, D.D. (1990). Behavior Rating Profile: A Comprehensive Approach to Measuring the Behavior of School-Aged Children at Home, at School, and with Peers. Austin, Texas: PRO-ED.

SOURCE: Linda L. Brown & Donald D. Hammill
PRO-ED
8700 Shoal Creek Blvd.
Austin, TX 78758

APPROPRIATE TARGET GROUPS: Grades 1-12

FUNCTIONAL AREAS/SCALE TITLES: Home, School, Peer for the child form

TYPE OF FORMAT: 30 items on Parent form with a 4 point Likert-like format ("Very much like my child" to "Not at all like my child"); child form consisting of Home, School, and Peer sections with 60 true/false items

FOCUS/PURPOSE: Measurement of behavioral functioning across multiple settings

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:**
  - Parent form: Good to Excellent; alpha coefficients from .82-.91 across grade levels for total scale; median =.88
  - Child form: Adequate to Good; alphas ranged from .74-.87 across grade levels for total scale; median =.82
- **Test-retest reliability:**
  - Parent: Adequate to Good; .69-.96 at two weeks across grades; median = .85; mean = .85; .84 at two weeks for total scale
  - Child: Adequate to Good; correlations ranged from .43-.92 across grades for a two week interval (data for grades 1 and 2 are particularly low); median =.81
- **Interrater reliability:**
  - Parent: Questionable; no data
  - Child: Not applicable

Behavior Rating Profile, Second Edition (BRP-2)
continued

GENERAL PSYCHOMETRIC PROPERTIES:

- **Content validity:** Items based on literature and expert review, as well as empirical characteristics
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with the Walker Problem Behavior Identification Checklist, Behavior Problem Checklist, Vineland, Revised Manifest Anxiety Scale; discriminant between emotionally disturbed and general population; institutional persons have more behavioral problems than non-institutionalized

SPECIAL CONSIDERATIONS: Administration time ranges from 15-30 minutes (child) and 15-20 (parent); professional examiner needed for interpretation; scoring and interpretation can be somewhat complicated; normed on a representative sample of 2,682 for the child form and 1,948 for the parent form; can be used as a repeated measure during intervention programs, though mainly intended for screening; teacher form also available with administration time of 10-15 minutes.

Burk's Behavior Rating Scales (BBRS)

COMPLETED BY: Parent and teacher

REFERENCE: Burks, H.F. (1977). Burk's Behavior Rating Scales Manual. Los Angeles, CA: Western Psychological Services.

SOURCE: Harold F. Burks
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

APPROPRIATE TARGET GROUPS: Grades 1-9

FUNCTIONAL AREAS/SCALE TITLES: Self-Blame, Anxiety, Withdrawal, Dependency, Ego Strength, Physical Strength, Coordination, Intellectuality, Academics, Attention, Impulse Control, Reality Contact, Sense of Identity, Suffering, Anger Control, Sense of Persecution, Aggressiveness, Resistance, Social Conformity

TYPE OF FORMAT: 110 items; 5 point rating scale

FOCUS/PURPOSE: Assessment of social and behavioral functioning

TIME SPAN COVERED BY ASSESSMENT: Not specified

PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Questionable; no data
- **Test-retest reliability:** Adequate; correlations from .54 - .83 for 10 days; average item correlation coefficient = .70
- **Interrater reliability:** Questionable; no data
- **Content validity:** Items selected from clinical observations and literature; expert review and factor analysis
- **Construct validity:** Reports BBRS's ability to delineate behaviors that indicate maladjustment
- **Sensitivity to change:** No data
- **Criterion-related validity:** Discriminant between MBD and general population and referred vs. non-referred populations

SPECIAL CONSIDERATIONS: Examiner required; 15-20 minute administration time; two week observation time required; norms are based on a non-representative sample of 830 children.

Child Behavior Checklist (CBCL), Youth Self-Report (YSR)

COMPLETED BY: Parent or client (self-report)

REFERENCE: (1) Achenbach, T.M. (1991). Manual for the Child Behavior Checklist/4-18 and 1991 Profile. Burlington, VT: University of Vermont Department of Psychiatry.
(2) Achenbach, T.M. (1991). Manual for the Youth Self-Report and 1991 Profile. Burlington, VT: University of Vermont Department of Psychiatry.

SOURCE: Thomas M. Achenbach & Craig Edelbrock, 1st author
Department of Psychiatry
University of Vermont
1 South Prospect Street
Burlington, VT 05401

APPROPRIATE TARGET GROUPS: CBCL: 4-18 years, YSR: 11-18 years

FUNCTIONAL AREAS/SCALE TITLES:

CBCL: Competence Scales (Activities, Social, School); Problem Scales (Withdrawn, Somatic Complaints, Anxious-Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, Aggressive Behavior, Sex Problems, Internalizing, Externalizing)

YSR: Competence Scales (Activities, Social); Problem Scales (Withdrawn, Somatic Complaints, Anxious-Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Problems, Aggressive Behavior, Self-Destructive (for boys), Internalizing, Externalizing)

TYPE OF FORMAT: CBCL: 118 items, 3 point rating scale from "Not true" to "Very true" for behavior problem scales; additional 20 item scale for social competence; YSR: 119 items

FOCUS/PURPOSE: CBCL: Assessment of behaviors related to social and emotional problems; YSR: Assesses youths' reports of their own competencies and problems

TIME SPAN COVERED BY ASSESSMENT: CBCL: Current functioning over the last 6 months; YSR: Current functioning over the last 6 months

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:**
  - CBCL: Adequate to Good; alpha coefficients for Total Competence scale range from .57 -.64; median for Total Competence across groups =.63 and for Total Problem =.96
  - YSR: Adequate to Good; alpha coefficients for Total Competence scale range from .46-.48; median =.47; alpha coefficient for Total Problems scale across groups =.95
- **Test-retest reliability:**
  - CBCL: Good to Excellent; correlation for one week on Behavior Problem scale = .93 and .87 for Social Competence scale; 3 months = .83; inpatient for 3 months = .74
  - YSR: Adequate to Good; for one week, mean correlation of the Competence scale =.80 and .79 for the Total Problem scale; 7 months stability on Total Competence scale =.62 and Total Problem Scale =.56

Child Behavior Checklist (CBCL), Youth Self-Report (YSR)
continued

GENERAL PSYCHOMETRIC PROPERTIES:

- **Interrater reliability:**
  - CBCL: Good to Excellent; Interparent agreement ranged from .76 - .80 for Total Competence scale; median = .79; Total Problem scale ranged from .69-.82, Total Problem median = .76
  - YSR: Not applicable
- **Content validity:**
  - CBCL: Yes
  - YSR: Content based on CBCL items; items evaluated in terms of whether they related to the need for mental health services and inappropriate items eliminated and/or replaced; content validity is also supported by the items ability to discriminate between demographically matched referred and non-referred youths
- **Construct validity:**
  - CBCL: Factor analytically verified
  - YSR: Reports studies of construct validity were limited because of a lack of similar instruments to correlate with
- **Sensitivity to change:**
  - CBCL: Yes
  - YSR: No data reported
- **Criterion-related validity:**
  - CBCL: Concurrent with the Revised Behavior Problem Checklist and Conners Parent Rating Scale; referred children score higher
  - YSR: Problem Scale is discriminant between referred vs. non-referred adolescents

SPECIAL CONSIDERATIONS: CBCL requires 15-17 minutes to administer and YSR requires 15 minutes; professional training needed for scoring and interpretations; 5th grade reading level required; CBCL was well normed on 1300 children representing heterogeneity with respect to race and SES, YSR normed on 1,315 children; well-written manual; a well-developed and empirically derived rating scale; a Teacher Report Form is also available which requires 15 minutes to administer.

Comprehensive Behavior Rating Scale for Children (CBRSC)

COMPLETED BY: Teacher

REFERENCE: Neeper, R., Lahey, B.B., & Frick, P.J. (1990). Manual for the Comprehensive Behavior Rating Scale for Children. San Antonio, TX: The Psychological Corporation

SOURCE: The Psychological Corporation
555 Academic Court
San Antonio, TX 78204-2498

APPROPRIATE TARGET GROUPS: Ages 6-14 years

FUNCTIONAL AREAS/SCALE TITLES: Inattention-Disorganization, Reading Problems, Cognitive Deficits, Oppositional-Conduct Disorders, Motor Hyperactivity, Anxiety, Sluggish Tempo, Daydreaming, and Social Competence

TYPE OF FORMAT: 70 items rated on a 5-point Likert scale ("Not at all" to "Very much")

FOCUS/PURPOSE: Assessment of behavioral, emotional, social, and cognitive functioning in the classroom

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency**: Good to Excellent; for total sample, correlations range from .82-.95 and median = .91
- **Test-retest reliability**: Questionable; after two weeks, correlations ranged from .84-.97 with a median = .94 for the 102 piloted version; one study with the final 70-item version found correlations from .22-.68 after one year; further studies are warranted
- **Interrater reliability**: Questionable; no information reported
- **Content validity**: Items are based on past factor analytic work and content of other scales, which were then rated by teachers and factor analyzed
- **Construct validity**: Factor analyses and intercorrelations among scales given as evidence
- **Sensitivity to change**: No data
- **Criterion-related validity**: Concurrent with many of the behavioral and emotional dimensions of the Conners' Teacher Rating Scales; correlations with the SNAP Checklist supports associations with DSM-III hyperactivity symptoms; evidence for convergent validity was supported by correlations with the TRF; Reading Problems and Cognitive Deficits scales are concurrent with WISC-R and BASIC; discriminant between various diagnostic groups

SPECIAL CONSIDERATIONS: Easy to administer and score; the inclusion of cognitive scales distinguishes the CBRSC from other teacher rating scales; authors note that future research is necessary to further substantiate reliability and validity; 2,153 children made up the normative sample; Black and Hispanic children are somewhat underrepresented; the clinic sample, which composed most of the validity information, was mostly boys (91%).

Conners' Parent Rating Scale (CPRS)

COMPLETED BY: Parent

REFERENCE: Conners, C.K. (1989). Manual for Conners' Rating Scales. North Tonawanda, NY: Multi-Health Systems.

SOURCE: C. Keith Conners
Multi-Health Systems, Inc.
908 Niagara Falls Blvd.
North Tonawanda, NY 14120-2060

APPROPRIATE TARGET GROUPS: 3-17 years

FUNCTIONAL AREAS/SCALE TITLES: Conduct Disorder, Anxious-Shy, Restless-Disorganized, Learning Problems, Psychosomatic Problems, Obsessive-Compulsive, Antisocial, Hyperactive-Immature, Hyperactivity Index

TYPE OF FORMAT: 93 item version with a 4 point scale indicating severity of behavior from "Not at all" to "Very much"

FOCUS/PURPOSE: Assessment of a broad array of symptoms; more emphasis on externalizing (i.e. conduct disorder) than internalizing symptoms and disorders.

TIME SPAN COVERED BY ASSESSMENT: No data

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Questionable; no data reported
- **Test-retest:** Questionable to Adequate; over one year correlations ranged from .40-.70
- **Interrater reliability:** Excellent; average interparent correlation = .85
- **Content validity:** Reports on face validity of scale and basis for its development
- **Construct validity:** Factor analysis; manual also reports a significant relationship between the Behavior Problem Checklist and CPRS-93 in a normal and a clinical sample as evidence of construct validity
- **Sensitivity to change:** Yes
- **Criterion-related validity:** Discriminant between attention deficit disorder, specific learning disabilities and normal control groups

SPECIAL CONSIDERATIONS: Similar to the TRF, a short form for the Conners' Parent Rating Scale, CPRS-48, and a long and short teacher's form, CTRS-28 and CTRS-39 respectively, are also available; CPRS-48 has a 20 minute administration time and CPRS-93 has a 30 minute administration time; CTRS-28 and CTRS-39 each take about 15 minutes to administer; each long form takes less than 10 minutes to score and profile and the short forms take 5; interpretation can be more complex; care must be taken in selecting the appropriate form (long or short) because alternate measures have varied content and psychometric properties; limited description of standardization; only lists articles from which normative data was obtained; useful as a repeated measure to assess intervention.

Devereux Behavior Rating Scale - School Form (DSF)

COMPLETED BY: Parent and Teacher

REFERENCE: Naglieri, J.A., LeBuffe, P.A., & Pfeiffer, S.I. (In press). Devereux Behavior Rating Scale - School Form. San Antonio, TX: The Psychological Corporation.

SOURCE: The Psychological Corporation
555 Academic Court
San Antonio, TX 78204-2498*

APPROPRIATE TARGET GROUPS: Child Version: 5-12; Adolescent Version: 13-18

FUNCTIONAL AREAS/SCALE ITEMS: Subtests: Interpersonal Problems, Inappropriate Behaviors/Feelings, Depression, Physical Symptoms/Fears

TYPE OF FORMAT: 40 item checklist; 5 point scale (0-4) from "never" to "frequently"

FOCUS/PURPOSE: Measure behavioral problems indicative of serious emotional disturbance and monitor progress

TIME SPAN COVERED BY ASSESSMENT: Past 4 weeks

GENERAL PSYCHOMETRIC PROPERTIES

- **Internal consistency:** Excellent; alpha coefficients for Total Scale ranged from .92-.96 across age, sex and rater, median = .94
- **Test-retest reliability:** Adequate; 24-hour test-retest coefficient = .74; 1 week coefficients ranged from .85-.87
- **Interrater reliability:** Adequate; coefficients between teachers, staff and teacher aides ranged from .40-.53
- **Content validity:** Yes; construction of items based on DSM III-R criteria, literature and expert review
- **Construct validity:** Item-total correlations
- **Sensitivity to change:** No data
- **Criterion-related validity:** Discriminant between SED and regular education students; discriminant between learning disabled/emotionally disabled and control samples and between hospitalized and control samples

SPECIAL CONSIDERATIONS: 5 minute administration time, standardization sample is current and nationally representative with respect to age, sex, race, geographic region, ethnicity, community size and educational placement and composed of 3,153 students ages 5-18; norms based on regular education and part-time special education students; clinical and special education groups included in validity studies; norms for males and females and parent/teacher ratings provided in manual; meets federal mandate to identify seriously emotionally disturbed children as per Public Law 94-142; qualifications of examiner dependent upon use; manual guides user through interpretation; well-written manual; a well-developed checklist.

*The DSF will be available by the Psychological Corporation in 1993.

Devereux Scales of Psychopathology (DSP)

COMPLETED BY: Parent (or someone who observes the child in a home-like setting)/Teacher (or one who works with the child in an educational setting)

REFERENCE: Naglieri, J.A., LeBuffe, P.A., & Pfeiffer, S.I. (in press). Devereux scales of psychopathology. San Antonio, TX: The Psychological Corporation.

SOURCE: The Psychological Corporation
555 Academic Court
San Antonio, TX 78204-2498*

APPROPRIATE TARGET GROUPS: Child Version: 5-12; Adolescent Version: 13-18

FUNCTIONAL AREAS/SCALE TITLES: Conduct, Anxiety, Withdrawal/Depression, Autistic, Acute Problems, Attention Factors for ages 5-12; Conduct, Withdrawal/Depression, Acute Problems, Anxiety, Autistic, and Delinquency for ages 13-18; Composite Scales: Internalizing, Externalizing, Psychotic

TYPE OF FORMAT: 110 item checklist; 5 point scale (0-4) from "never" to "frequently"

FOCUS/PURPOSE: Assess behavioral problems and psychopathology and monitor behavior change

TIME SPAN COVERED BY ASSESSMENT: Past 4 weeks

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Excellent; alpha coefficients for Total Scale ranged from .96-.98
- **Test-retest reliability:** Adequate to Good; one week correlations for Total Test ranged from .78-.85
- **Interrater reliability:** Calculations to be completed; estimated to be equal to or to exceed coefficients for DSF
- **Content validity:** Yes, items based on DSM III-R, literature and expert review
- **Construct validity:** Item-total correlations support construct validity
- **Sensitivity to change:** No data
- **Criterion-related validity:** Discriminant between control samples and hospitalized, residential treatment, and learning disabled/emotionally disabled samples; discriminant between regular education and seriously emotionally disturbed; studies examining ability of DSP to predict group membership also support its validity

SPECIAL CONSIDERATIONS: 15 minute administration time; current and nationally representative standardization sample consisted of 3,153 individuals aged 5 to 18 years; norms based on regular education and part-time special education children and adolescents; special education and clinical samples included in validity studies; norms for male and female and parent/teacher ratings provided in manual; may be used as screening tool and also to augment information gathered with the Devereux Behavior Rating Scale - School Form (DSF); Development of DSP based on DSM III-R and proposed DSM IV definitions; trained and certified professional required for interpretation; well-written manual; a well-developed checklist.

*The DSP will be available by The Psychological Corporation in 1993.

Emotional and Behavior Problem Scale (EBPS)

COMPLETED BY: Teacher or other school personnel familiar with the student

REFERENCE: Wright, F. (1989). Emotional and Behavioral Problem Scale Manual. Columbia, MO: Hawthorne.

SOURCE: Frederick Wright
Hawthorne
P.O. Box 7570
Columbia, MO 65205

APPROPRIATE TARGET GROUP: 4 to 21 years

FUNCTIONAL AREAS/SCALE TITLES: Theoretical: Learning, Interpersonal Relations, Inappropriate Behavior Under Normal Circumstances, Unhappiness-Depression, Physical Symptoms-Fears. Empirical: Social Aggression-Conduct Disorder, Social-Emotional Withdrawal/Depression, Learning-Comprehension Disorder, Avoidance-Unresponsiveness, Aggressive/Self-Destructive

TYPE OF FORMAT: 58 behavior items rated on a 7 point scale from "Not in my presence" to "More than once an hour"

FOCUS/PURPOSE: Identification of students with behavioral disorders/emotional disturbance

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

Internal consistency: Good; Kuder-Richardson 20 formula for theoretical subscales ranged from .77-.95 and median =.90; the empirical subscales ranged from .85-.97, median =.93

Test-retest reliability: Excellent; 30 day coefficients for theoretical subscales ranged from .86-.93, median =.88; total scale =.90; empirical subscales ranged from .87-.93, median =.88; total score = .91

Interrater reliability: Excellent; median correlation between educators across age groups = .87 with a range from .83-.91

Content validity: Items selected based on literature and expert review

Construct validity: Factor analysis, diagnostic validity, subscale interrelationships, and item validity given as evidence

Sensitivity to change: No data

Criterion-related validity: Concurrent with the Behavior Evaluation Scale (BES)

SPECIAL CONSIDERATIONS: Administered and scored in 15 minutes; able to identify characteristics of emotional disturbance/behavioral disorders included in PL 94-142; can be used with EBPS IEP and Intervention Manual; norms based on a nationally representative sample of 2,988 students.

Eyberg Child Behavior Inventory (ECBI)

COMPLETED BY: Parent or those well acquainted with the child

REFERENCE:

(1) 9th Mental Measurements
(2) Boggs, S.R., Eyberg, S., & Reynolds, L.A. (1990). Concurrent validity of the Eyberg Child Behavior Inventory. Journal of Clinical Child Psychology, 19, 75-78.
(3) Eyberg, S. (1992). Parent and teacher behavior inventories for the assessment of conduct behaviors in children. In L. VandeCreek & L.G. Ritt (Eds.), Innovations in clinical practice: A source book (Vol. 11). Sarasota, FL: Professional Resource Exchange.
(4) Eyberg, S., & Boggs, S.R. (1989, November). Psychometric update on the Eyberg Child Behavior Inventory. Paper presented at the annual meeting of the AABT Preconference on Social Learning and the Family. Washington, D.C.
(5) Eyberg, S.M., & Robinson, E.A. (1983). Conduct problem behavior: Standardization of a behavioral rating scale with adolescents. Journal of Clinical Child Psychology, 12, 347-354.
(6) Robinson, E.A., Eyberg, S.M., & Ross, A.W. (1980). The standardization of an inventory of child conduct problem behaviors. Journal of Clinical Child Psychology, 9, 22-28.

SOURCE:

Sheila M. Eyberg
Department of Clinical Psychology
University of Florida
Box J-165 JHMHC
Gainesville, FL 32610

APPROPRIATE TARGET GROUPS: 2-16 years

FUNCTIONAL AREAS/SCALE TITLES: Two dimensions of behavior: (1) Problem Scale (2) Intensity Scale

TYPE OF FORMAT: 36 items; Problem Scale rates the presence of problems (yes/no response) and the Intensity Scale rates on a 7 point scale from "Never Occurs" to "It Always Occurs."

FOCUS/PURPOSE: Rating of conduct problems and acting out behavior

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

Eyberg Child Behavior Inventory (ECBI)
continued

SPECIAL CONSIDERATIONS: Easy to administer (5 minutes) and score; taps only those behaviors associated with conduct disorder; normative sample is based on 512 children and 102 adolescents; adolescent sample is quite small and has a disproportionate number of females.
*Published articles that examine the psychometric properties of the scale are available and recommended for review.

Jesness Behavior Checklist (JBC)

COMPLETED BY: Observer (someone who knows the child well) and self-rating forms

REFERENCE: Jesness, C.F. (1984). Jesness Behavior Checklist Manual. Palo Alto, CA: Consulting Psychologists Press.

SOURCE: Carl F. Jesness
Multi-Health Systems
908 Niagara Falls Blvd.
North Tonawanda, NY 14120-2060

APPROPRIATE TARGET GROUPS: 13-21 years

FUNCTIONAL AREAS/SCALE TITLES: Unobtrusiveness-Obtrusiveness, Friendliness-Hostility, Responsibility-Irresponsibility, Considerateness-Inconsiderateness, Independence-Dependence, Rapport-Alienation, Enthusiasm-Depression, Sociability-Poor Peer Relations, Conformity-Nonconformity, Calmness-Anxiousness, Effective Communication-Inarticulateness, Insight-Unawareness and Indecisiveness, Social Control/Attention-Seeking, Anger Control-Hypersensitivity

TYPE OF FORMAT: 80 items; 5 point scale ranging from "Almost never" to "Very often"

FOCUS/PURPOSE: Screening/assessment of delinquent behavior

TIME SPAN COVERED BY ASSESSMENT: Behavior during the past month

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Questionable; no data
- **Test-retest reliability:** Questionable; observer form correlations ranged from .09-.51, with a median of .42 for a 7 month average; self-appraisal form correlations ranged from .05-.58, with a median of .38
- **Interrater reliability:** Good to Excellent; coefficients of ratings of similar informants from .63-.80, median = .70
- **Content validity:** Items based on behavioral incident sheets and literature, initial pool of items was then piloted
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Self and observer ratings were predictive of future arrests

SPECIAL CONSIDERATIONS: 10-20 minute administration time for the observer form and 20-25 for the self-appraisal form; easy to score but interpretation is more difficult; norms are mostly based on a male delinquent population; manual recommends using more than one observer.

Louisville Behavioral Checklist (LBCL)

COMPLETED BY: Parent

REFERENCE: Miller, L.C. (1984). Louisville Behavior Checklist Manual. Los Angeles, CA: Western Psychological Services.

SOURCE: Lovick C. Miller
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

APPROPRIATE TARGET GROUPS: 7-12 (E2) form

FUNCTIONAL AREAS/SCALE TITLES: Infantile Aggression, Hyperactivity, Antisocial Behavior, Aggression, Social Withdrawal, Sensitivity, Fear, Inhibition, Academic Disability, Immaturity, Learning Disability, Normal Irritability, Severity Level, Prosocial Deficit, Rare Deviance, Neurotic Behavior, Psychotic Behavior, Somatic Behavior, Sexual Behavior

TYPE OF FORMAT: 164 true/false items

FOCUS/PURPOSE: Screening

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate to Good; Spearman-Brown split-half reliability coefficients for scales with general population ranged from .33-.92, median =.83, mean =.78
- **Test-retest reliability:** Adequate to Good; correlations ranged from .45-.92, median =.82, mean =.78
- **Interrater reliability:** Questionable; no data
- **Content validity:** Reports that empirical studies are needed to determine the content validity; however, also reports several independently derived checklists have developed very similar items
- **Construct validity:** Reports that there is some evidence of construct validity of the LBCL; however, the assessment procedure and the situation in which the behavior is being rated have strong effects on measurement
- **Sensitivity to change:** No data
- **Criterion-related validity:** Was able to differentiate psychopathology from general populations

SPECIAL CONSIDERATIONS: Administration takes 20-30 minutes; poor psychometrics; poor norming (outdated without a national or representative sample); forms for ages 4-6 (E1) and ages 13-17 (E3) are also available; extensive validity studies have not been conducted on E3; no norms for the adolescent form (E3); 10th grade reading level required; confusing manual.

Revised Behavior Problem Checklist (RBPC)

COMPLETED BY: Knowledgeable observer (parent, teacher, child-care worker, correctional staff member)

REFERENCE: Quay, H.C. & Peterson, D.R. (1987). Manual for the Revised Behavior Problem Checklist. Coral Gables, FL: University of Miami.

SOURCE: Herbert C. Quay & Donald R. Paterson, 1st author
Department of Psychology
University of Miami
Box 248185
Coral Gables, FL 33124-8185

APPROPRIATE TARGET GROUPS: 5-12 years, adolescents

FUNCTIONAL AREAS/SCALE TITLES: Conduct Disorder, Socialized Aggression, Attention Problems-Immaturity, Anxiety-Withdrawal, Psychotic Behavior, Motor Excess

TYPE OF FORMAT: 89 items; 3 point scale from "Behavior not a problem" to "Behavior a serious problem"

FOCUS/PURPOSE: Screening device for behavior disorders

TIME SPAN COVERED BY ASSESSMENT: No data

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate to Good; alphas for subscales across several samples ranged from .68-.95; mean >.84, median =.89
- **Test-retest reliability:** Questionable; coefficients for two months ranged from .49-.83, median =.66; mean =.67
- **Interrater reliability:** Adequate to Good; correlation coefficients between similar informants (i.e., mother-father) ranged from .55-.93; median = .72
- **Content validity:** Available but questionable
- **Construct validity:** Factor analytically verified; correlations with other rating scales (CBCL, CDI, SNAP) and other measures (behavioral observations, peer nominations, intelligence, academic achievement) were given as evidence of construct validity
- **Sensitivity to change:** No data
- **Criterion-related validity:** Good; RBPC's ability to differentiate normal vs. clinical samples is given as evidence of concurrent validity

SPECIAL CONSIDERATIONS: 15 minute administration time; quick scoring but more difficult to interpret; limited demographics for developmentally disabled individuals; limited norms for grades 9-12; authors recommend establishing local norms; useful in deaf, blind, and mentally retarded populations and has been translated into eight foreign languages.

Symptom Distress Checklist-Revised (SCL-90-R)

COMPLETED BY: Self-report

REFERENCE: (1) 9th Mental Measurements
(2) Brophy, C.J., Norvell, N.K., & Kiluk, D.J. (1988). An examination of the factor structure and convergent and discriminant validity of the SCL-90-R in an outpatient clinic population. Journal of Personality Assessment, 52, 334-340.
(3) Derogatis, L.R. (1983). SCL-90-R: Administration, scoring and procedures manual II for the r(evised) version. Towson, MD: Clinical Psychometric Research.

SOURCE: Leonard R. Derogatis
NCS Interpretive Scoring Systems
5605 Green Circle Dr.
Minnetonka, MN 55343-9602

APPROPRIATE TARGET AREAS: 13 - adult

FUNCTIONAL AREAS/SCALE TITLES: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychosis

TYPE OF FORMAT: 90 items, 5 point scale ranging from "Not at all" to "Extremely"

FOCUS/PURPOSE: Measures symptomatic psychological distress

TIME SPAN COVERED BY ASSESSMENT: Past week

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good; alpha coefficients from .77-.90; median = .85
- **Test-retest reliability:** Good; correlations for 1 week ranged from .78-.90; median = .84
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** Yes
- **Criterion-related validity:** Discriminant between various clinical and nonclinical groups; evidence of convergent validity based on correlations with scales of the MMPI

SPECIAL CONSIDERATIONS: 15 minute evaluation time; norms available for psychiatric outpatients, psychiatric inpatients, adult non-patient normals, adolescent non-patient normals and numerous specialized clinical groups; validity studies of the SCL-90-R are lacking as most studies used the SCL-90 (first version).

Walker Problem Behavior Identification Checklist (WPBIC)

COMPLETED BY: Teacher or anyone familiar with the child

REFERENCE: Walker, H.M. (1983). Walker Problem Identification Checklist Manual. Los Angeles, CA: Western Psychological Services.

SOURCE: Hill M. Walker
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

APPROPRIATE TARGET GROUPS: Preschool-grade 6

FUNCTIONAL AREAS/SCALE TITLES: Acting Out, Withdrawal, Distractibility, Disturbed Peer Relations, Immaturity.

TYPE OF FORMAT: 50 item true/false checklist

FOCUS/PURPOSE: Assessment of problem behaviors with a focus on externalizing behaviors.

TIME SPAN COVERED BY ASSESSMENT: 2 month observation period recommended

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Excellent; split-half correlation = .98
- **Test-retest reliability:** Good; average correlation for overall test after 3 weeks = .80; subscales ranged from .43-.88, median =.72
- **Interrater reliability:** Excellent; parent and teacher correlation =.81
- **Content validity:** Items based on teacher interviews
- **Construct validity:** Factor analysis; reports several intervention studies that show sensitivity to change, as evidence of construct validity
- **Sensitivity to change:** Yes
- **Criterion-related validity:** Discriminant between disturbed and non-disturbed populations; convergent evidence given for the relationship between behavioral observations and scores on the WPBIC

SPECIAL CONSIDERATIONS: 5 minute administration time; sampling procedures and characteristics not written in the manual; norms are based on a regionally limited sample; 2 month observation period required for examiner to complete; separate male and female forms and norms.

II. Structured Clinical Interviews

TABLE 5
Structured Clinical Interviews

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
CAS[7]	•Interview: client/parent 320 items	1. Long 2. Difficult	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect
DICA[7]	•Interview: client/parent 267-311 items	1. Long 2. Difficult	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect
ISC[7]	•Interview client/parent 200+ items	1. Long 2. Difficult	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect
K-SADS[7]	•Interview: client/parent 200 items	1. Long 2. Difficult	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect
PSS[7]	•Interview: client 321 items	1. Long 2. Difficult	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes necessary to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), marginal (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]No manual is available; however, articles that describe the psychometric properties of the instrument may be available.

Child Assessment Schedule (CAS)

INTERVIEWER: Clinician, administered orally

RESPONDENT: Client/Parent, parallel forms

REFERENCE:
(1) Test Critiques (6)
(2) Gutterman, E.M., O'Brien, J.D., & Young, J.G. (1987). Structured diagnostic interviews for children and adolescents: Current status and future directions. Journal of the American Academy of Child and Adolescent Psychiatry, 26, 621-630.
(3) Hodges, K., & Cools, I. (1990). Structured diagnostic interviews. In A.M. La Greca (Ed.), Through the eyes of the child: Obtaining self-report from children and adolescents. Boston, MA: Allyn and Bacon.
(4) Turner, S.M., Beidel, D.C., & Costello, A. (1987). Psychopathology in the offspring of anxiety disorder patients. Journal of Consulting and Clinical Psychology, 55, 229-235.

SOURCE:
Kay Hodges
Department of Psychology
Eastern Michigan University
537 Mark Jefferson
Ypsilanti, MI 48197

APPROPRIATE TARGET GROUPS: Ages 7-17; 3 versions available for young children, preadolescents, and adolescents

FUNCTIONAL AREAS/SCALE TITLES: School, Friends, Activities, Hobbies, Family, Fears, Worries, Self-Image, Mood, Somatic Concern, Expression of Anger, Thought Disorder, Symptomology, Onset-Duration of Symptoms, Insight, Grooming, Motor Coordination, Activity Level, Spontaneous Physical Behavior, Estimate of Cognitive Ability, Quality of Verbal Communication and Emotional Expression, Quality of Interpersonal Interaction

TYPE OF FORMAT: Semistructured diagnostic interview with 3 parts; 320 total questions, with 261 items administered to the child; Part 1 is scored Yes/No/Ambiguous, Part 2 assesses the onset and duration of symptoms, and Part 3 consists of behavioral observations of the child for 53 behaviors; questions are arranged in relation to domains important to the child

FOCUS/PURPOSE: Clinical tool for assessing coping skills and diagnosing and treating psychopathology

TIME SPAN COVERED BY ASSESSMENT: Current functioning and functioning over the past 6 months

Child Assessment Schedule (CAS)
continued

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: Administration time approximately 45-90 minutes; examiner required for administration and evaluation; use of separate interviews for child and parent; hand scored with diagnostic index or computer scored; can be used to screen, but not diagnose, substance abuse and eating disorders.

*Training manual and published articles that examine the psychometric properties of the instrument are available.

Diagnostic Interview for Children and Adolescents (DICA)

INTERVIEWER: Clinician

RESPONDENT: Client/Parent, parallel forms

REFERENCE:
(1) Welner, Z., Reich, W., Herjanic, B., et al. (1987) Reliability, validity, and parent-child agreement studies of the Diagnostic Interview for Children and Adolescents (DICA). Journal of the American Academy of Child and Adolescent Psychiatry, 26, 649-653.
(2) Herjanic, B., Herjanic, M., Brown, F., & Wheatt, T. (1975) Are children reliable reporters? Jo[illegible]f Abnormal Child Psychology, 3, 41-48.

SOURCE:
Wendy Reich
Washington University School of Medicine
Department of Psychiatry S112
4940 Audubon Ave.
St. Louis, MO 63110

APPROPRIATE TARGET GROUPS: 6-17 years

FUNCTIONAL AREAS/SCALE TITLES: School Functioning, Relations at Home, Interpersonal Relations, Diagnostic Categories, Conduct Disorders, Drug and Alcohol Abuse, Depression, Mania, Phobias, Obsessive-Compulsive, Psychosis, Enuresis, Encopresis, Sexuality, Insight, Judgement, Orientation, Memory

TYPE OF FORMAT: Structured diagnostic interview; 267-311 yes/no questions; current and past diagnoses; questions arranged according to domain

FOCUS/PURPOSE: Assessment of psychiatric symptomology during the child's lifetime

TIME SPAN COVERED BY ASSESSMENT: Lifetime and present diagnosis

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: 1 1/2 hours to administer; hand scored with diagnostic index or computer scored; separate interview for child and parent.

*Training manual and published articles that examine the psychometric properties of the instrument are available.

Interview Schedule for Children (ISC)

INTERVIEWER: Clinician

RESPONDENT: Client (self-report) and parent

REFERENCE: (1) Kovacs, M.(1985). The interview schedule for children (ISC). Psychopharmacology, 21, 991-994.
(2) Gutterman, E.M., O'Brien, J.D., Young, J.G.(1987). Structured diagnostic interviews for children and adolescents: Current status and future directions. Journal of the American Academy of Child & Adolescent Psychiatry, 26, 621-630.

SOURCE: Maria Kovacs
Western Psychiatric Institute and Clinic
3811 O'Hara Street
Pittsburg, PA 15213

APPROPRIATE TARGET GROUPS: Ages 8-17

FUNCTIONAL AREAS/SCALE TITLES: Psychopathologic Symptoms, Mental Status, Signs of Psychopathology, Developmental Milestones, Clinicians Impressions, Severity of Current Condition; Diagnostic Categories: Depression, Conduct Problems, School Phobia, Drug Abuse, Psychosis

TYPE OF FORMAT: Semistructured interview of 200+ questions; Two parallel forms, Form C and Follow-Up Form; items organized according to diagnosis; 8 point rating scale from "None" to "severe" for most items

FOCUS/PURPOSE: Diagnosis of current symptomology

TIME SPAN COVERED BY ASSESSMENT: Past 2 weeks for emotional symptomology and 6 months for situation-specific behavior

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: Separate interview for child and parent; 1 1/2 to 2 1/2 hours to complete parent interview; 45 minutes to 1 1/2 hours to complete child interview; trained interviewer with clinical experience required; author recommends scale for research.
*Instruction manual and published article that examines psychometric properties of the ISC are available.

Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS)

INTERVIEWER: Clinician

RESPONDENT: Client/Parent, single form

REFERENCE: Gutterman, E.M., O'Brien, J.D., & Young, J.G. (1987). Structured diagnostic interviews for children and adolescents: Current status and future directions. Journal of the American Academy of Child and Adolescent Psychiatry, 26, 621-630.

SOURCE: Western Psychiatric Institute and Clinic
3811 O'Hara Street, Suite 112
Pittsburgh, PA 15213

APPROPRIATE TARGET GROUPS: 6-18 years

FUNCTIONAL AREAS/SCALE TITLES: Diagnostic categories: Major Depression, Dysthymic Disorder, Minor Depression, Mania, Hypomania, Mixed Bipolar Episode, Cyclothymia, Psychotic Mania, Schizoaffective Disorders, Schizophrenia, Schizophreniform Disorder, Brief Reactive Psychosis, Paranoid Disorders, Schizotypal Personality, Attention Deficit Disorder, Depersonalization Disorder, Panic Disorder, Conduct Disorders, Overanxious Disorders, Separation Anxiety Disorders, Phobic Disorders, Obsessive-Compulsive Disorders, Unspecified Emotional Disorder, Anorexia Nervosa, Bulimia, Alcoholism, Substance Abuse Disorders

TYPE OF FORMAT: Unstructured to semistructured format of 200+ questions rated on a 6 point scale from "Not at all" to "Very Extreme"

FOCUS/PURPOSE: Diagnosis of present (K-SADS-P) or lifetime psychopathology (K-SADS-E)

TIME SPAN COVERED BY ASSESSMENT: Present or past week for current diagnoses

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: Familiarity and knowledge of psychiatric disorders is necessary for the assignment of diagnosis; anorexia, bulimia, and schizophrenia addressed in K-SADS-P and drug abuse in K-SADS-E; requires 60-90 minutes to complete.

*Published articles that examine the psychometric properties of the instrument are available.

Psychiatric Status Schedule (PSS)

INTERVIEWER: Clinician

RESPONDENT: Client

REFERENCE: Spitzer, R.L., Endicott, J., Fleiss, J.L., & Cohen, J. (1970). Psychiatric Status Schedule: a technique for evaluating psychopathology and impairment in role functioning. Archives of General Psychiatry, 23, 41-55.

SOURCE: Jean Endicott and Robert L. Spitzer
Department of Research Assessment & Training
New York State Psychiatric Institute
722 W. 168th Street
New York, NY 10032

APPROPRIATE TARGET GROUPS: Children

FUNCTIONAL AREAS/SCALE TITLES: Depression, Anxiety, Isolation, Suicide/Self-Mutilation, Somatic, Speech Disorganization, Inappropriate Affect, Aggression-Excitement, Belligerence-Negativism, Disorientation-Memory Impairment, Retarded-Lack of Emotion, Antisocial Impulses or Acts, Reported Anger, Grandiosity, Suspicion-Persecution-Hallucination, Daily Routine Impairment, Drug Use, Alcohol Use, Denial of Illness, Role Scales (Wage Earner, Housekeeper, Student or Trainee, House Mate, Parent Roles), Subjective Distress, Behavior Disturbance, Impulse Disturbance, Reality Testing Disturbance

TYPE OF FORMAT: 321 item structured interview

FOCUS/PURPOSE: Measure of role functioning and symptomology; for the evaluation of change.

TIME SPAN COVERED BY ASSESSMENT: No data

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: Administration requires 30-50 minutes.
*Limited training manual and published articles that examine the psychometric properties of the PSS are available.

III. Personality Inventories

TABLE 6
Personality Inventories

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
ACL	•Q-sort: self-report 300 items	1. Moderate 2. Difficult	1. Adequate to Good 2. Questionable to Adequate 3. Not applicable	Available	Adequate[7]
AMPI	•Questionnaire: self-report 133 items	1. Moderate 2. Easy	1. Questionable 2. Adequate 3. Not applicable	Available	Suspect[7]
CPQ	•Questionnaire: self-report 140 items	1. Long 2. Easy	1. Adequate 2. Adequate 3. Not applicable	Available	Suspect[7]
DMI	•Vignettes: self-report 10 stories	1. Long 2. Easy	1. Adequate 2. Adequate 3. Not applicable	Available	Adequate

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes necessary to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]Provides information on clinical sample as well as normal sample.

BEST COPY AVAILABLE

TABLE 7
Personality Inventories

Scale	Format	Practicality 1. Administration[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
Jesness Inventory	•Questionnaire: self-report 155 items	1. Moderate 2. Easy	1. Adequate 2. Questionable to Adequate 3. Not applicable	Available	Suspect[7]
MAPI	•Questionnaire self-report 150 items	1. Moderate 2. Easy	1. Adequate 2. Adequate 3. Not applicable	Available	Good[7]
PIC	•Questionnaire parent 131-600 items	1. Long 2. Easy	1. Adequate 2. Adequate to Good 3. Adequate	Available	Suspect

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]Provides information on clinical sample as well as normal sample.

Adjective Checklist (ACL)

COMPLETED BY: Client (Self-report)

REFERENCE: Gough, H.G., & Heilbrun, A.B. (1983). Adjective Checklist Manual. Palo Alto, CA: Consulting Psychologists Press.

SOURCE: Harrison G. Gough & Alfred B. Heilbrun, Jr.
Consulting Psychologists Press, Inc.
3803 E. Bayshore Road
Palo Alto, CA 94303

APPROPRIATE TARGET GROUPS: Grades 9 and above

FUNCTIONAL AREAS/SCALE TITLES: Communality, Achievement, Dominance, Endurance, Order, Intraception, Nurturance, Affiliation, Heterosexuality, Exhibition, Autonomy, Aggression, Change, Succorance, Abasement, Deference, Counseling Readiness, Self-Control, Self-Confidence, Personal Adjustment, Ideal Self, Creative Personality, Military Leadership, Masculine Attributes, Feminine Attributes, Critical Parent, Nurturing Parent, Adult, Free Child, Adapted Child

TYPE OF FORMAT: 300 item Q-sort

FOCUS/PURPOSE: Assessment of self-appraisal

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate to Good; alpha coefficients range from .53-.95; median = .76 for males and .75 for females
- **Test-retest reliability:** Questionable to Adequate; coefficients for 6 months range from .34-.77 for males; median coefficient = .65
- **Interrater reliability:** Not applicable
- **Content validity:** Available but questionable
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with measures of self-esteem

SPECIAL CONSIDERATIONS: 10-15 minute administration time; normative sample not representative (N =5,238 males and N =4,144 females, various subgroups include medical students, delinquents, high school students, and psychiatric patients); form can also be used by an observer; limited validity information.

Adolescent Multiphasic Personality Inventory (AMPI)

COMPLETED BY: Client (Self-report)

REFERENCE: (1) Duthie, B. (1985). Manual for the Adolescent Multiphasic Personality Inventory. Richland, WA: Pacific Psychological.
(2) Duthie, B., & Vincent, K.R. (1988). Adolescent Multiphasic Personality Inventory Supplement. Richland, WA: Pacific Psychological.

SOURCE: Bruce Duthie
Pacific Psychological
710 George Washington Way
Suite G
Richland, WA 99352

APPROPRIATE TARGET GROUPS: 12-19 years

FUNCTIONAL AREAS/SCALE TITLES: Hypochondriasis, Depression, Hysteria, Psychopathic Deviate, Femininity, Paranoia, Psychasthenia, Schizophrenia, Mania, Social Introversion

TYPE OF FORMAT: 133 true/false items

FOCUS/PURPOSE: Diagnosis of psychopathology; it is an adolescent version of the MMPI.

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Questionable; no data
- **Test-retest reliability:** Adequate; coefficient average and median = .76 for 10 days; subscales ranged from .63-.86
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analytically verified
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with the MMPI, the SCL-90-R, and the Diagnostic Inventory of Personality & Symptoms (DIPS)

SPECIAL CONSIDERATIONS: Poor norming (N = 53 males and N = 67 females, no regional information given, sample mainly consisted of white individuals); two new scales added in 1988 (Chemical Abuse Scale and Psychopathology Scale); provides profiles for various diagnostic categories in supplement.

Children's Personality Questionnaire (CPQ)

COMPLETED BY: Client (Self-report)

REFERENCE: Porter, R.B., & Cattell, R.B. (1975). Handbook for the Children's Personality Questionnaire (CPQ), Champaign, IL: IPAT.

SOURCE: Rutherford B. Porter & Raymond B. Cattell
IPAT/Institute for Personality and Ability Testing, Inc.
P.O. Box 1188
Champaign, IL 61824-1188

APPROPRIATE TARGET GROUPS: 8-12 years

FUNCTIONAL AREAS/SCALE TITLES: Reserved-Warmhearted, Low Intelligence-High Intelligence, Affected by Feelings-Emotionally Stable, Inactive-Overactive, Obedient-Dominant, Sober-Enthusiastic, Expedient-Conscientious, Shy-Venturesome, Tough-Minded/Tender-Minded, Zestful-Circumspect Individual, Forthright-Shrewd, Self-Assured/Guilt-Prone, Undisciplined Self-Conflict/Controlled, Relaxed-Tense

TYPE OF FORMAT: 140 items; equivalent forms A - D

FOCUS/PURPOSE: A personality measure for children

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate; Kuder-Richardson 21 correlations ranged from .49-.86, median =.80 and mean = .75
- **Test-retest reliability:** Adequate; one week retest correlations across forms ranged from .46-.87, median =.75
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Numerous studies reported examining relationship between CPQ and observable behavior as evidence of criterion-related validity

SPECIAL CONSIDERATIONS: 30-60 minute administration time; training needed to use and interpret; normative sample information is not given in the manual.

Defense Mechanisms Inventory (DMI)

COMPLETED BY: Client (Self-report)

REFERENCE: Ihilevich, D., & Gleser, G. (1986). Defense Mechanisms: Their Classification, Correlates, and Measurement with the Defense Mechanisms Inventory. Owosso, MI: DMI Associates.

SOURCE: David Ihilevich & Goldine C. Gleser
DMI Associates
615 Clark Ave.
Owosso, MI 48867

APPROPRIATE TARGET GROUPS: Adolescents and adults

FUNCTIONAL AREAS/SCALE TITLES: Turning Against Object, Projection, Principalization, Turning Against Self, Reversal

TYPE OF FORMAT: 10 story vignettes with four forced-choice questions for each story; one form for males and one for females

FOCUS/PURPOSE: Assessment of the defenses employed

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate; coefficients ranging from .47-.86
- **Test-retest reliability:** Adequate; 2 - 3 week coefficients ranging from .48-.87, median =.73 and mean =.72
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Questionable; only 60% of practicing clinician's responses corresponded with the DMI's categories

SPECIAL CONSIDERATIONS: 30-45 minutes to administer; norms given for college students, high school students, blacks, and adults; demographic information on the normative sample is not given.

Jesness Inventory

COMPLETED BY: Client (Self-report)

REFERENCE: Jesness, C.F. (1988). Jesness Inventory Manual. Palo Alto, CA: Consulting Psychologists Press.

SOURCE: Carl F. Jesness
Consulting Psychologists Press, Inc.
3803 E. Bayshore Road
Palo Alto, CA 94303

APPROPRIATE TARGET GROUPS: 8-19 years

FUNCTIONAL AREAS/SCALE TITLES: Social Maladjustment, Value Orientation, Immaturity, Autism, Alienation, Manifest Aggression, Withdrawal-Depression, Social Anxiety, Repression, Denial Scale, Asocial Index

TYPE OF FORMAT: 155 true/false items

FOCUS/PURPOSE: Dimensions of personality with a focus on delinquency

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate; corrected split-half coefficients ranged from .62-.88, median =.71; mean approximates .73
- **Test-retest reliability:** Questionable to Adequate; correlations for one year ranged from .46-.72 for 7th Grade non-delinquents; median =.64
- **Interrater reliability:** Not applicable
- **Content validity:** Available but questionable
- **Construct validity:** No factor analysis; 3 scales based on a specified criterion, 7 derived by cluster analysis, and one based on discriminant factor analysis
- **Sensitivity to change:** Yes
- **Criterion-related validity:** Discriminant between delinquent and non-delinquent individuals; predictive of future criminality

SPECIAL CONSIDERATIONS: Outdated norms (1961); normative sample (N =970 delinquent males and N =1075 non-delinquent males, N =450 delinquent females and N =811 non-delinquent females), sample is mostly lower SES children from California; content and construct validity is suspect.

Millon Adolescent Personality Inventory (MAPI)

COMPLETED BY: Client (Self-report)

REFERENCE: Millon, T., Green, C.J., & Meagher, R.B. (1982). Millon Adolescent Personality Inventory Manual. Minneapolis, MN: National Computer Systems.

SOURCE: Theodore Millon, Catherine J. Green, & Robert B. Meagher, Jr.
NCS Interpretive Scoring Systems
PAS Division
P.O. Box 1416
Minneapolis, MN 55440

APPROPRIATE TARGET GROUPS: 13-19 years

FUNCTIONAL AREAS/SCALE TITLES:

Personality Styles:	Introversive, Inhibited, Cooperative, Sociable, Confident, Forceful, Respectful, Sensitive
Expressed Concerns:	Self-Concept, Personal Esteem, Body Comfort, Sexual Acceptance, Peer Security, Social Tolerance, Family Rapport, Academic Confidence
Behavioral Correlates:	Impulse Control, Societal Conformity, Scholastic Achievement, Attendance Consistency

TYPE OF FORMAT: 150 true/false items

FOCUS/PURPOSE: Personality assessment

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate; Kuder-Richardson 20 correlations range from .67-.84 and median =.74
- **Test-retest reliability:** Adequate; correlations for 5 months ranged from .53-.82; median =.75
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with California Personality Inventory and Edwards Personal Preference Schedule

SPECIAL CONSIDERATIONS: 20 minute administration time, easy computer scoring (no templates available) and interpretation; 6th grade reading level required; normative sample consists of N = 2157 representative normal adolescents and N =430 clinical adolescents.

Personality Inventory for Children (PIC)

COMPLETED BY: Parent or someone who has known the client since childhood

REFERENCE: Wirt, R.D., Lachar, D., Klinedinst, J.K., & Seat, P.D. (1977). Multidimensional Description of Child Personality: A Manual for the Personality Inventory for Children. Los Angeles, CA: Western Psychological Services.*

SOURCE: Robert D. Wirt, Philip D. Seat, & William E. Broen
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

APPROPRIATE TARGET GROUPS: 6-16 years

FUNCTIONAL AREAS/SCALE TITLES: Achievement, Intellectual Screening, Delinquency, Psychosis, Hyperactivity, Development, Somatic Concern, Depression, Family Relations, Withdrawal, Anxiety, Social Skills

TYPE OF FORMAT: 131-600 true/false items

FOCUS/PURPOSE: Symptomology and behavioral problems

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate; alpha coefficients from .62-.84
- **Test-retest reliability:** Adequate to Good; two week correlation ranged from .68-.97 for normal sample; mean = .89 and median = .92
- **Interrater reliability:** Adequate; average correlation for ratings by mothers and fathers for the 13 substantive profile scales = .57; subscales ranged from .15-.68
- **Content validity:** No data
- **Construct validity:** Factor analysis
- **Sensitivity to change:** Yes
- **Criterion-related validity:** No data

SPECIAL CONSIDERATIONS: 20 minute-2 hour administration time; normed in 1958-1962 and based solely on mothers' responses; professional training recommended for scoring and interpretation; 6th grade reading level required; no specific information on frequency or severity of symptoms because of true/false format; not necessary to complete all 600 items (can choose level of clinical specificity); no time frame to guide parents' responses; a revised, 1982 version is available.

*1990 manual published but not reviewed; users recommended to review most recent manual.

IV. Global Functioning Scales

TABLE 8
Global Functioning Scales

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
CGAS[7]	•Rating Scale: clinician single rating	1. Brief 2. Easy	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect
CAPPS[7]	•Interview: clinician 171 scales	1. Long 2. Difficult	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect
GAS[7]	•Rating Scale: clinician single rating	1. Brief 2. Easy	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect
TCFS[7]	•Checklist: clinician 14 subscales	1. Brief 2. Easy	1. Questionable 2. Questionable 3. Questionable	Not available	Suspect

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes necessary to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points, marginal (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000), not current (more than 15 years old), does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]No manual is available; however, articles that describe the psychometric properties of the instrument may be available.

BEST COPY AVAILABLE

Children's Global Assessment Scale (CGAS)

COMPLETED BY: Clinician

REFERENCE: Shaffer, D., Gould, M.S., Brasie, J., Ambrosini, P., Fisher, P., Bird, H., & Aluwahilia, S. (1983). A children's global assessment scale (CGAS). Arch. Gen. Psychiatry, 40, 1228-1231.

SOURCE:
David Shaffer
Department of Child Psychiatry
College of Physicians & Surgeons
Columbia University
722 W. 168th Street
New York, NY 10032

APPROPRIATE TARGET GROUPS: Ages 4-16

FUNCTIONAL AREAS/SCALE TITLES: No data could be located

TYPE OF FORMAT: Single rating scale; rating on a continuum of 1 to 100

FOCUS/PURPOSE: Assess lowest level of functioning and severity of disturbance

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: Article states that scale's sensitivity to change needs further investigation; article recommends its use with syndrome-specific scales to measure treatment efficacy.

*Published article that examines psychometric properties of the instrument is available.

Current and Past Psychopathology Scales (CAPPS)

COMPLETED BY: Clinician

RESPONDENT: Client

REFERENCE: 9th Mental Measurements

SOURCE: Robert L. Spitzer & Jean Endicott
Department of Research Assessment and Training
New York State Psychiatric Institute
722 W. 168th St.
New York, NY 10032

APPROPRIATE TARGET GROUPS: Children and adolescents

FUNCTIONAL AREAS/SCALE TITLES: 171 scales total;
Psychiatric Evaluation Form (PEF): Reality Testing-Social Disturbance, Depression-Anxiety, Impulse Control, Somatic Concern-Functioning, Disorganization, Obsession-Guilt-Phobia, Elation-grandiosity
Psychiatric History Scale (PHS): Includes the same scales as above plus Sexual Disturbance, Memory-Orientation, Organicity, Neurotic Childhood, Retardation, Stubborn, Hysterical Symptoms, Intellectual Performance

TYPE OF FORMAT: Rating scale and optional interview

FOCUS/PURPOSE: History, severity, and diagnosis of mental illness

TIME SPAN COVERED BY ASSESSMENT: PEF covers functioning over the past month; PHS covers functioning over the past 12 months

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: 1-2 hour administration time
*Training manual and published article that examines the psychometric properties of the instrument are available.

Global Assessment Scale (GAS)

COMPLETED BY: Clinician

REFERENCE: Tests (2)

SOURCE: Jean Endicott
Department of Research Assessment and Training
New York State of Psychiatric Institute
722 West 168th Street, Room 341
New York, NY 10032

APPROPRIATE TARGET GROUPS: Children and adults

FUNCTIONAL AREAS/SCALE TITLES: Observable Illness Symptoms, Subjective Distress, Behavioral Disturbances, Reality Testing

TYPE OF FORMAT: Single rating scale; rating on a continuum of 1 to 100

FOCUS/PURPOSE: Overall individual functioning

TIME SPAN COVERED BY ASSESSMENT: One week prior to evaluation

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: No tables for deriving norm-referenced comparisons limits utility.
*Limited training manual and published articles examining psychometric properties of the instrument are available.

Timberlawn Child Functioning Scale (TCFS)

COMPLETED BY: Clinician

REFERENCE: Dimperio, T.L., Blotcky, M.J., Gossett, J.T., & Doyle, A.H. (1986). The Timberlawn child functioning scale: A preliminary report on reliability and validity. The Psychiatric Hospital, 17, 115-120.

SOURCE: Timberlawn Psychiatric Hospital
P.O. Box 11288
Dallas, TX 75223

APPROPRIATE TARGET GROUPS: Children and adolescents

FUNCTIONAL AREAS/SCALE TITLES: Likability, Language, Thinking-Behavior, Attention, Span-Activity Level, Educational Performance, Industry and Competence, Impulse Control, Personal Hygiene and Self-Help Skills, Sexuality, Acceptance of Rules, Social Relatedness, Adaptability, Family Support, Diagnosis

TYPE OF FORMAT: Likert-type response format for each of the 14 scales

FOCUS/PURPOSE: To assess a child's adaptation level

TIME SPAN COVERED BY ASSESSMENT: Functioning over the last year

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Questionable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: The TCFS can be used with psychiatric hospital inpatients, psychotherapy outpatients, and normal children.

*Published article that examines psychometric properties of the instrument is available.

V. Specialized Assessment Measures

TABLE 9
Specialized Assessment Measures

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
BDI	•Questionnaire: self-report 21 items	1. Brief 2. Easy	1. Good 2. Questionable 3. Not applicable	Available	Suspect[7]
CAAP	•Questionnaire: parent/teacher 20 items	1. Brief 2. Easy	1. Good to Excellent 2. Adequate to Good 3. Adequate	Available	Suspect[8]
CAS	•Questionnaire: self-report 20 items	1. Moderate 2. Easy	1. Adequate 2. Good to Excellent 3. Not applicable	Available	Adequate
CDI	•Questionnaire: self-report 27 items	1. Brief 2. Easy	1. Adequate to Good 2. Questionable 3. Not applicable	Available	Adequate[8]
CDS	•Card Sort: child/parent 66 items	1. Moderate 2. Easy	1. Excellent 2. Adequate 3. Questionable	Available	Suspect[8]

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes necessary to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]Normative sample composed of clinical populations only.
[8]Provides information on clinical sample as well as normal sample.

BEST COPY AVAILABLE

TABLE 10
Specialized Assessment Measures

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
SEI-School Form	•Questionnaire: self-report 58 items	1. Brief 2. Easy	1. Good to Excellent 2. Good 3. Not applicable	Available	Suspect
DACL	•Checklist: self-report 34 items	1. Brief 2. Easy	1. Good 2. Questionable 3. Not applicable	Available	Suspect[8]
DEQ[7]	•Questionnaire: self-report 66 items	1. Moderate 2. Unavailable	1. Questionable 2. Questionable 3. Not applicable	Not available	Suspect
ASQ	•Questionnaire: self-report 40 items	1. Brief 2. Easy	1. Good 2. Excellent 3. Not applicable	Available	Suspect
IPAT DS	•Questionnaire: self-report 40 items	1. Moderate 2. Easy	1. Good to Excellent 2. Questionable 3. Not applicable	Available	Suspect[8]

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11- 30 minutes to complete), long (more than 30 minutes to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]No manual is available; however, articles that describe the psychometric properties of the instrument may be available.
[8]Provides information on clinical sample as well as normal sample.

TABLE 11
Specialized Assessment Measures

Scale	Format	Practicality 1. Administration time[1] 2. Scoring[2]	Reliability 1. Internal consistency[3] 2. Test-retest[3] 3. Interrater[4]	Validity[5]	Normative Sample[6]
Piers-Harris	•Questionnaire: self-report 80 items	1. Moderate 2. Easy	1. Good to Excellent 2. Questionable 3. Not applicable	Available	Suspect
PES	•Questionnaire: clinician/client 7 items	1. Brief 2. Unavailable	1. Questionable 2. Questionable to Adequate 3. Adequate to Good	Available	Suspect[7]
RCMAS	•Questionnaire: self-report 37 items	1. Moderate 2. Easy	1. Adequate to Good 2. Excellent 3. Not applicable	Available	Adequate[7]
STAIC	•Questionnaire: self-report 40 items	1. Moderate 2. Easy	1. Adequate to Good 2. Questionable to Adequate 3. Not applicable	Available	Suspect
TSCS	•Questionnaire: self-report 100 items	1. Moderate 2. Easy	1. Good 2. Excellent 3. Not applicable	Available	Suspect[7]

[1]Administration time scale: brief (1-10 minutes to complete), moderate (11-30 minutes to complete), long (more than 30 minutes to complete).
[2]Scoring scale: easy (less than 30 minutes to score), difficult (more than 30 minutes to score).
[3]Internal consistency and test-retest reliability scale: excellent (≥.90), good (.80 to .89), adequate (.70-.79), questionable (<.70 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[4]Interrater reliability scale: excellent (≥.80), good (.60 to .79), adequate (.40 to .59), questionable (<.40 or no data reported or no manual available). Rating may be aggregate of various coefficients.
[5]Validity scale: available (information is reported in the manual), not available (information is not reported in the manual or no manual available).
[6]Normative sample scale: good (1000 or more, current (15 years or less old), and approximates 1990 U.S. Census data within 5% points), adequate (1000 or more and current (15 years or less old), does not approximate 1990 U.S. Census data or Census data not reported), suspect (less than 1000 and/or not current (more than 15 years old) and/or does not approximate U.S. Census data, or no data on normative sample reported or no manual available).
[7]Provides information on clinical sample as well as normal sample.

Beck Depression Inventory (BDI)

COMPLETED BY: Client (Self-report)

REFERENCE: Beck, A.T., & Steer, R.A. (1987). Beck Depression Inventory Manual. San Antonio, TX: The Psychological Corporation.

SOURCE: Aaron T. Beck
The Psychological Corporation
555 Academic Court
San Antonio, TX 78204-2498

APPROPRIATE TARGET GROUPS: 13 years-adult

FUNCTIONAL AREAS/SCALE TITLES: Sadness, Pessimism-Discouragement, Sense of Failure, Dissatisfaction, Guilt, Expectation of Punishment, Self-Dislike, Self-Accusation, Suicidal Ideation, Crying, Irritability, Social Withdrawal, Indecisiveness, Body Image Distortion, Work Retardation, Insomnia, Fatigability, Anorexia, Weight Loss, Somatic Preoccupation, Loss of Libido

TYPE OF FORMAT: 21 items; 4 point severity scale

FOCUS/PURPOSE: Assesses severity of depression in psychiatrically diagnosed patients

TIME SPAN COVERED BY ASSESSMENT: Past week

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good; alpha coefficients from .79-.90 for 6 normative sample groups; median = .86
- **Test-retest reliability:** Questionable; reports one week correlation of .64; correlations from ten studies with psychiatric patients ranged from .48-.86; correlations for a nonpsychiatric population ranged from .60-.90 for a two week period
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with the Zung Self-Rating Depression Scale and the Hamilton Depression Rating Scale; discriminant between Dysthymic and Major Depressive Disorder and between Generalized Anxiety Disorders and Major Depressive Disorder

SPECIAL CONSIDERATIONS: 5-10 minute self-administration time and easy to score and interpret; since the scale was not devised to be used as a screening device for detecting depression in normal populations, caution should be used with these populations; normative sample includes psychiatric patients with Major Depression, Dysthymic Disorder, Substance Abusers, and various other psychiatric disorders.

Child and Adolescent Adjustment Profile (CAAP)

COMPLETED BY: Parent, teacher, counselor, or anyone who observes or works with the child or adolescent

REFERENCE: Ellsworth, R.B. (1981). Child and Adolescent Adjustment Profile Scale Manual: The Measurement of Child and Adolescent Adjustment. Palo Alto, CA: Consulting Psychologists Press.

SOURCE: Robert B. Ellsworth
Consulting Psychologists Press, Inc.
3803 E. Bayshore Road
Palo Alto, CA 94303

APPROPRIATE TARGET GROUPS: Children and adolescents (ages not specified)

FUNCTIONAL AREAS/SCALE TITLES: Peer Relations, Dependency, Hostility, Withdrawal, Productivity

TYPE OF FORMAT: Pre- and Post-treatment ratings; 20 items, 4 point scale from "Rarely" to "Almost Always" and "Never" to "Often"

FOCUS/PURPOSE: Adjustment

TIME SPAN COVERED BY ASSESSMENT: Past month

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good to Excellent; alpha coefficients ranged from .80-.90 for the 5 scales, median =.87
- **Test-retest reliability:** Adequate to Good; coefficients across scales ranged from .78-.89 for one week, median =.81
- **Interrater reliability:** Adequate; highest correlation for ratings by parents and teachers with a sample of 18 =.44
- **Content validity:** Yes
- **Construct validity:** Factor analytically verified
- **Sensitivity to change:** Yes
- **Criterion-related validity:** Discriminant between clinic and non-clinic samples; pretreatment mental health group found to be the least well adjusted and non-clinical group the most well adjusted

SPECIAL CONSIDERATIONS: Quick to administer and score; no scoring sheet is necessary; change scores are provided to assess the child's response to treatment at follow-up (at 3-4 months); normative sample consists of 203 normal children (ages 3-19, mean =9.6 years), 90% were rated by their mother; normative sample also includes 227 randomly selected children and adolescents rated by 26 teachers from 7 different public schools, ages ranged from 6-18 (mean =13.7); limited information is provided on the normative sample.

Child Anxiety Scale (CAS)

COMPLETED BY: Client (Self-report)

REFERENCE: Gillis, J.S. (1980). Child Anxiety Scale Manual. Los Angeles, CA: Western Psychological Services.

SOURCE: John S. Gillis
IPAT/Institute for Personality and Ability Testing, Inc.
P.O. Box 1188
Champaigne, IL 61824-1188

APPROPRIATE TARGET GROUPS: 5-12 years

FUNCTIONAL AREAS/SCALE TITLES: There are no subscales and only an overall score is derived

TYPE OF FORMAT: 20 item questionnaire, which is administered via an audio cassette; choice of 2 self-descriptive statements; the child selects the statement corresponding to one of two colored circles

FOCUS/PURPOSE: Monitors anxiety over time

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate; Kuder-Richardson-20 coefficient =.73
- **Test-retest reliability:** Good to Excellent; 1 week correlation =.81; immediate retest correlation ranged from .82-.92
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Studies examining relationship of CAS with external criteria provided in manual to support criterion-related validity

SPECIAL CONSIDERATIONS: The CAS is useful as a quick indicator of a potential problem, not as the only source of the diagnosis of anxiety; 15-20 minutes to administer; normative sample based on 2,105 children; regional representation is disproportionate (mostly Midwest) and the majority of children are from small communities; modifications in administration may be required for special populations (i.e. hearing impaired, color blind).

Children's Depression Inventory (CDI)

COMPLETED BY: Client (Self-report)

REFERENCE: (1) Harrington, R.G.(Ed.)(1986). Testing adolescents: A reference guide for comprehensive psychological assessments. Kansas City: Test Corporation of America.
(2) Kovacs, Maria (1992). Children's depression inventory (CDI) manual. North Tonawanda, NY: Multi-Health Systems.
(3) Test Critiques (5)

SOURCE: Maria Kovacs
Multi-Health Systems
908 Niagara Falls Blvd.
North Tonawanda, NY 14120-2060

APPROPRIATE TARGET GROUPS: 7-17 years

FUNCTIONAL AREAS/SCALE TITLES: Affective Behavior, Image-Ideation, Interpersonal Relations, Guilt-Irritability

TYPE OF FORMAT: 27 items; forced choice of three sentences

FOCUS/PURPOSE: Assessment of depression

TIME SPAN COVERED BY ASSESSMENT: Previous 2 weeks

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate to Good; coefficient alpha ranged from .79-.89; median = .87; clinical studies obtained alpha coefficients from .71-.89
- **Test-retest reliability:** Questionable; 1 week coefficients for normal population = .38 and for psychiatric population = .87
- **Interrater reliability:** Not applicable
- **Content validity:** Good with respect to DSM-III criteria
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with the Coopersmith Self-Esteem Inventory and the Revised Children's Manifest Anxiety Scale; discriminant validity studies were unable to differentiate normal from psychiatric populations, but the CDI can differentiate between different diagnostic groups

SPECIAL CONSIDERATIONS: Administration requires 15 minutes or less; 10 minutes to score; primarily used for research, assessment of treatment outcome.

Children's Depression Scale (CDS)

COMPLETED BY: Client (Self-report) and parent

REFERENCE: Lange, M., & Tisher, M. (1987). Children's Depression Scale (CDS) (9-16 Years) Manual. Palo Alto, CA: Consulting Psychologists Press.

SOURCE: Moshe Lange & Miriam Tisher
Consulting Psychologists Press, Inc.
3803 E. Bayshore Road
Palo Alto, CA 94303

APPROPRIATE TARGET GROUPS: 9-16 years

FUNCTIONAL AREAS/SCALE TITLES:
Depressive: Affective Response, Social Problems, Self-Esteem, Preoccupation with Sickness and Death, Guilt
Positive: Pleasure and Enjoyment

TYPE OF FORMAT: 66 item card sort; 5 point rating from "Very Right" to "Very Wrong" for children and paper and pencil format for parents

FOCUS/PURPOSE: Measures global depression

TIME SPAN COVERED BY ASSESSMENT: No data

GENERAL PSYCHOMETRIC PROPERTIES:
- **Internal consistency:** Excellent; alpha coefficient for total depression = .96
- **Test-retest reliability:** Adequate; 7 to 10 day test-retest coefficient with 60 Australian students = .74 for Depression and Positive scales
- **Interrater reliability:** Questionable; no data
- **Content validity:** Yes
- **Construct validity:** Factor analysis does not support
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with several factors on the IPAT Anxiety Scale; discriminant between depressed, non-clinical, and other psychiatric patients

SPECIAL CONSIDERATIONS: 15 minutes to administer but more difficult to score; normative sample is based on an Australian sample (N = 96 children, N = 76 mothers, N = 54 fathers) with limited demographic information available; the publishers urge American test users to be wary of this.

Coopersmith Self-Esteem Inventories (SEI)

COMPLETED BY: Client (Self-report)

REFERENCE: Coopersmith, S. (1987). Coopersmith Self-Esteem Inventories Manual. Palo Alto, CA: Consulting Psychologists Press.

SOURCE: Stanley Coopersmith
Consulting Psychologists Press, Inc.
3803 E. Bayshore Road
Palo Alto, CA 94303

APPROPRIATE TARGET GROUPS: School form: 8-15 years; Adult form: 16 and above

FUNCTIONAL AREAS/SCALE TITLES: School Form: General Self, Social-Self/Peers, Home-Parents, School-Academic

TYPE OF FORMAT: School Form: 58 items; Adult Form: 25 items; respond to questions "Like Me" or "Unlike Me"

FOCUS/PURPOSE: Measures attitudes toward self in social, academic, and personal contexts

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good to Excellent; Kuder-Richardson-20 and split-half coefficients ranged from .80-.92 across 4 studies with various grade levels
- **Test-retest reliability:** Good; correlations for 5 weeks =.88
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with Piers Harris Children's Self-Concept Scale and two other self-concept scales; divergent validity is supported by negative correlations with Children's Manifest Anxiety Scale

SPECIAL CONSIDERATIONS: Adult form is also available; no reliability or validity data for the adult form; 10 minute administration time and easy to score; no criteria for interpretation of scores is given because results will vary with the sample; the authors suggest making behavioral observations and creating local norms to supplement the SEI; normative sample data for the School Form is based on 8 separate studies with various groups and the Adult Form is based on 226 college students.

Depression Adjective Checklist (DACL)

COMPLETED BY: Client (Self-report) or can be administered by an examiner

REFERENCE: Lubin, B. (1981). Manual for the Depression Adjective Checklists. San Diego, CA: Edits.

SOURCE: Bernard Lubin
Psychological Assessment Resources
P.O. Box 998
Odessa, FL 33556

APPROPRIATE TARGET GROUPS: Grade 9 and above

FUNCTIONAL AREAS/SCALE TITLES: Depression Scale

TYPE OF FORMAT: 7 different forms available; A,B,C,D: 32 item checklist and E,F,G: 34 item checklist

FOCUS/PURPOSE: Assessment of depressive mood

TIME SPAN COVERED BY ASSESSMENT: Present status

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good; uncorrected split-half coefficients ranged from .83-.92 for the normal population; internal consistency for the 7 forms ranged from .79-.90 and median = .86
- **Test-retest reliability:** Questionable; one week test-retest correlations ranged from .19-.24; median = .22
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** Sensitive to daily mood fluctuations
- **Criterion-related validity:** Concurrent with the MMPI, BDI, SDS, and self-report of depression; discriminant between clinically depressed patients and non-depressed patients, and between psychiatric patients and normals

SPECIAL CONSIDERATIONS: Takes less than 5 minutes to complete and easy to score; intercorrelations among the various forms are good, which suggests the lists may be interchanged; normative sample for adults (N = 3005) was selected by area probability sampling procedure, but the adolescent sample (N = 623) was not randomly sampled; limited background information is reported on the adult sample and no information is given on the adolescent sample; norms are also available for various populations (adolescent delinquents, clinically depressed patients, and various other diagnostic categories).

Depressive Experiences Questionnaire (DEQ)

COMPLETED BY: Client (Self-report)

REFERENCE: (1) 9th Mental Measurements
(2) Zuroff, D.C., Moskowitz, D.S., Wieglus, M.S., Towers, T.A., & Franko, D.L. (1983). Construct validation of the dependency and self-criticism scales of the DEQ. Journal of Research in Personality, 17, 226-241.
(3) Welkowitz, J., Lish, J.D., & Bond, R.N. (1985). Depressive experience questionnaire: Revision and validation. Journal of Personality Assessment, 49, 1, 67-73.

SOURCE: Sidney J. Blatt, Joseph P. D'Afflitti, & Donald M. Quinlan
Yale University
Department of Psychiatry
School of Medicine
Grace Education Building
25 Park St.
New Haven, CT 06519

APPROPRIATE TARGET GROUPS: Adolescents

FUNCTIONAL AREAS/SCALE TITLES: Dependency, Self-Criticism, Efficacy

TYPE OF FORMAT: 66 Likert-like items

FOCUS/PURPOSE: Assessment of depression

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES: Questionable, no manual available*

- **Internal consistency:** Questionable
- **Test-retest reliability:** Questionable
- **Interrater reliability:** Not applicable
- **Content validity:** Not available
- **Construct validity:** Not available
- **Sensitivity to change:** Not available
- **Criterion-related validity:** Not available

SPECIAL CONSIDERATIONS: No validity data.
*Published articles that examine the DEQ's psychometric properties are available.

IPAT Anxiety Questionnaire (ASQ)

COMPLETED BY: Client (Self-report)

REFERENCE: Krug, S.E. (1976). Handbook for the IPAT Anxiety Scale. Champaign, IL: Institute for Personality and Abilities Testing, Inc.

SOURCE: Samuel E. Krug, Ivan H. Scheier, & Raymond B. Cattell
IPAT/Institute for Personality and Ability Testing, Inc.
P.O. Box 1188
Champaigne, IL 61824-1188

APPROPRIATE TARGET GROUPS: 14 years and above

FUNCTIONAL AREAS/SCALE TITLES: 7 optional scales including: Covert Anxiety, Overt Anxiety, Tension, Guilt-Proneness, Emotional Instability, Suspiciousness, Low Integration

TYPE OF FORMAT: 40 items; 3 point Likert scale

FOCUS/PURPOSE: Assessment of anxiety

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good; Kuder-Richardson-20 coefficient = .80; split-half correlations across several studies ranged from .78-.92, median = .86
- **Test-retest reliability:** Excellent; 1 week = .93, 2 week correlation = .86; 4 weeks = .82, 2 year corrected correlation approximates .70
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis; test results and diagnosis in agreement
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with the State-Trait Anxiety Inventory and the Tailor Manifest Anxiety Scale

SPECIAL CONSIDERATIONS: 5-10 minutes to administer and easy to score; N = 2,852 for the normative sample (N = 935 adults, N = 1392 college students, and N = 525 high school students); no other descriptive information on the samples is provided.

IPAT Depression Scale (IPAT DS)

COMPLETED BY: Client (Self-report)

REFERENCE: Krug, S.E., & Laughlin, J.E. (1976). Handbook for the IPAT Depression Scale. Champaign, IL: Institute for Personality and Abilities Testing.

SOURCE: Samuel E. Krug & James E. Laughlin
IPAT/Institute for Personality and Ability Testing, Inc.
P.O. Box 1188
Champaigne, IL 61824-1188

APPROPRIATE TARGET GROUPS: 15 years and above

FUNCTIONAL AREAS/SCALE TITLES: Depression scale

TYPE OF FORMAT: 40 items; 3 point Likert scale

FOCUS/PURPOSE: Assessment of depressive symptomology

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good to Excellent; corrected coefficient alphas and split-half reliabilities from .85-.92 for normal group
- **Test-retest reliability:** Questionable; 6 month correlation = .64
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Discriminant between depressives and non-depressives; concurrent with MMPI scales and the Tennessee Self-Concept Scale

SPECIAL CONSIDERATIONS: 10-20 minute administration time and easy to score; normative sample is approximately 2,000 and includes various groups (normal adults, college students, prisoners, and various clinical cases); information (geographic region, SES, race, age, community size) is provided, but the exact number of individuals in each group is not given.

Piers-Harris Children's Self-Concept Scale (Piers-Harris)

COMPLETED BY: Client (Self-report)

REFERENCE: Piers, E.V. (1984). Piers-Harris Children's Self-Concept Scale, Revised Manual 1984. Los Angeles, CA: Western Psychological Services.

SOURCE: Ellen V. Piers & Dale B. Harris
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

APPROPRIATE TARGET GROUPS: Grades 4-12, ages 8-18

FUNCTIONAL AREAS/SCALE TITLES: Behavior, Intellectual and School Status, Physical Appearance and Attributes, Anxiety, Popularity, Happiness and Satisfaction

TYPE OF FORMAT: 80 "Yes/No" items

FOCUS/PURPOSE: Assessment of attitudes and behaviors related to self-concept

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good to Excellent; alpha coefficients of .90-.92 for Total Scale; Kuder-Richardson-20 coefficients from .88-.93 for various ages on the Total Score, median = .89; Spearman-Brown = .91; subscales are weaker, alphas ranging from .73-.81
- **Test-retest reliability:** Questionable; for normal populations, two week correlation = .69
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analytically verified
- **Sensitivity to change:** No data
- **Criterion-related validity:** Concurrent with other self-concept scales such as the Tennessee Self-Concept Scale and Coopersmith Self-Esteem Inventory; several studies support discriminant validity

SPECIAL CONSIDERATIONS: 15-20 minutes to administer and approximately 30 minutes to score; caution should be used when comparing to the normative sample since the data is outdated (1960's), not representative (all subjects from a small public school system in Pennsylvania), and no additional information is provided on the sample; author suggests creating local norms.

Progress Evaluation Scales (PES)

COMPLETED BY: Clinician, significant other, or client

REFERENCE: (1) 9th Mental Measurements
(2) Ihilevich, D., Gleser, G.C. (1982). Evaluating mental-health programs: The progress evaluation scales. Lexington, Massachusetts: DC Heath and Company.
(3) Ihilevich, D., Gleser, G.C., Gritter, G.W., Kroman, L.J., & Watson, A.S. (1981). Measuring program outcome: The progress evaluation scales. Evaluation Review, 5(4), 451-477.

SOURCE: David Ihilevich & Goldine C. Gleser
DMI Associates
615 Clark Ave.
Owosso, MI 48867

APPROPRIATE TARGET GROUPS: 6-12, 13-17, adult forms

FUNCTIONAL AREAS/SCALE TITLES: Family Interaction, Occupation (School-Job-Homework), Getting Along with Others, Feelings and Mood, Use of Free Time, Problems, Attitude Toward Self

TYPE OF FORMAT: 7 items rated on a 5 point rating scale

FOCUS/PURPOSE: Present functioning and future goal ratings; program evaluation

TIME SPAN COVERED BY ASSESSMENT: Past two weeks

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Questionable; no data
- **Test-retest reliability:** Questionable to Adequate; two week correlation coefficients ranged from .33-.75; median =.62; average = .68
- **Interrater reliability:** Adequate to Good; Present rating correlations of two therapists from .14-.82 for children and adolescent psychiatric samples, median = .44; correlations of therapists' ratings on adult outpatient sample ranged from .34-.67
- **Content validity:** Limited information available but questionable
- **Construct validity:** Ability to discriminate among subgroups of nonpsychiatric population as confirmation of validity of PES as a measure of community adjustment; convergent and divergent validity studies with PES and DMI, ALAC, and Rotter's I-E scale support concurrent validity of PES
- **Sensitivity to change:** Yes
- **Criterion-related validity:** Discriminant between diagnostic groups

SPECIAL CONSIDERATIONS: Interrater reliability analyzed from a generalizability approach rather than a correlational approach resulting in lower coefficients; manual examines application of scale to various populations: adults, adolescents, children and developmentally disabled; data limited on developmentally disabled; manual suggests need for further studies with developmentally disabled; manual reports usefulness of PES as a measure of effects of goal setting on outcome.

Revised Children's Manifest Anxiety Scale (RCMAS)

COMPLETED BY: Client (Self-report)

REFERENCE: Reynolds, C.R., & Richmond, B.O. (1985). Revised Children's Manifest Anxiety Scale Manual. Los Angeles, CA: Western Psychological Services.

SOURCE: Cecil R. Reynolds & Bert O. Richmond
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

APPROPRIATE TARGET GROUPS: 6-19 years

FUNCTIONAL AREAS/SCALE TITLES: Physiological Anxiety, Worry-Oversensitivity, Social Concerns-Concentration, Lie

TYPE OF FORMAT: 37 yes/no items

FOCUS/PURPOSE: Anxiety assessment, focusing on chronic or trait anxiety

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate to Good; Kuder-Richardson-20 for Total Anxiety ranged from .79-.85; median = .84 and mean = .82; alpha coefficients ranged from .79-.85; median = .82 across groups and mean = .82
- **Test-retest reliability:** Excellent; 3 week correlation of .98 with sample of Nigerian children, .68 for 9 months; data on test-retest was only conducted with children up to 7th grade
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Convergent and divergent validity was supported by concurrent administration with the State-Trait Anxiety Inventory

SPECIAL CONSIDERATIONS: Easy administration, scoring, and interpretation; normative sample (N = 4972) consists of children from 13 states in rural and urban areas, 88% white and 12% black; no SES information is given on the normative samples; a representative sample of mentally retarded and learning disabled children were included in the sample.

State-Trait Anxiety Inventory for Children (STAIC)

COMPLETED BY: Client (Self-report)

REFERENCE: (1) Spielberger, C.D., Edwards, C.D., Lushene, R.E., Montuori, J., & Platzek, D. (1973). STAIC Preliminary Manual. Palo Alto, CA: Consulting Psychologists Press.
(2) Spielberger, C.D., Gorsuch, R.L., Lushene, R., Vagg, P.R., & Jacobs, G.A. (1983). Manual for the Strait-Trait Anxiety Inventory. Palo Alto, Ca: Consulting Psychologists Press.

SOURCE: Charles D. Spielberger, C. Drew Edwards, Joseph Montuori, Robert E. Lushene
Consulting Psychologists Press, Inc.
3803 E. Bayshore Rd.
Palo Alto, CA 94303

APPROPRIATE TARGET GROUPS: Ages 9-12

FUNCTIONAL AREAS/SCALE TITLES: State Anxiety, Trait Anxiety

TYPE OF FORMAT: Two 20 item scales; 3 point scale from "Hardly Ever" to "Often"

FOCUS/PURPOSE: Assessment of state and trait anxiety

TIME SPAN COVERED BY ASSESSMENT: Present state for State Anxiety and typical or general condition for Trait Anxiety

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Adequate to Good; alpha coefficients for State Anxiety across gender = .84 (.82 for boys and .87 for girls); Trait Anxiety across gender = .80 (.78 for boys and .81 for girls); Total Scale median = .82
- **Test-retest reliability:** Questionable to Adequate; 6 week correlations for Trait Anxiety = .65 (boys) and .71 (girls); State Anxiety = .31 (boys) and .47 (girls)
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** Yes, for State Anxiety
- **Criterion-related validity:** Concurrent with Children's Manifest Anxiety Scale and the General Anxiety Scale for Children

SPECIAL CONSIDERATIONS: 10-20 minute administration time and scored in 5 minutes; normative sample (N = 1551) consists of children in grades 4-6 from several schools in Florida; black children are overrepresented in the sample and limited background information is included on the entire sample; since the reading level has been estimated to be at the 7th grade level, the authors now recommend administering the STAIC to upper elementary and junior high school children; the STAIC manual should be used in conjunction with the STAI manual (for adults and adolescents above grade 8).

Tennessee Self-Concept Scale (TSCS)

COMPLETED BY: Client (Self-report)

REFERENCE: Roid, G.H. & Fitts, W.H. (1988). Tennessee Self-Concept Scale-Revised Manual. Los Angeles, CA: Western Psychological Services.

SOURCE: William Fitts
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025

APPROPRIATE TARGET GROUPS: 12 years and older

FUNCTIONAL AREAS/SCALE TITLES: Identity, Self-Satisfaction, Behavior, Physical Self, Moral-Ethical Self, Personal Self, Family Self, Social Self

TYPE OF FORMAT: 100 items; 5 point scale; two forms (Form C, counseling form, and Form C & R, clinical and research form)

FOCUS/PURPOSE: Self-concept

TIME SPAN COVERED BY ASSESSMENT: Not specified

GENERAL PSYCHOMETRIC PROPERTIES:

- **Internal consistency:** Good; Total Scale coefficients ranged from .89-.94 using various methods (i.e. Cronbach alpha, split-half, Spearman-Brown); subscales ranged from .40-.87, median = .82
- **Test-retest reliability:** Excellent; coefficient at 2 weeks for Total Score = .92
- **Interrater reliability:** Not applicable
- **Content validity:** Yes
- **Construct validity:** Factor analysis
- **Sensitivity to change:** No data
- **Criterion-related validity:** Discriminant between patients and non-patients; concurrent with MMPI scales, Piers-Harris, and Coopersmith Self-Esteem Inventories

SPECIAL CONSIDERATIONS: 10-20 minute administration time; scoring takes between 5-30 minutes, depending on which form is used (Form C consists of 14 scales and takes 5 minutes; Form C & R has 29 scales and takes 30 minutes); information is provided on the normative sample (N = 626), which included 12-68 year old individuals; it is fairly representative of race and geographic regions but overrepresents college students and 12-30 year olds.

REFERENCES

Achenbach, T.M., McConaughy, S.H., & Howell, C.T. (1987). Child/adolescent behavioral and emotional problems: Implications of cross-informant correlations for situational specificity. Psychological Bulletin, 101, 213-232.

American Education Research Association, American Psychological Association, & National Council on Measurement in Education (1985). Standards for educational and psychological testing. Washington, DC: American Psychological Association.

Anastasi, A. (1982). Psychological testing (5th ed.). New York: Macmillan Publishing Company.

Anastasi, A. (1988). Psychological testing (6th ed.). New York: Macmillan Publishing Company.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). Cognitive therapy of depression. New York, NY: Guilford Press.

Bracken, B.A. (1987). Limitations of preschool instruments and standards for minimal levels of technical adequacy. Journal of Psychoeducational Assessment, 4, 313-326.

Costello, A.J. (1991). Use of rating scales and questionnaires. In J. M. Wiener (Ed.), Textbook of child & adolescent psychiatry (pp.92-103). Washington, DC: American Psychiatric Press, Inc.

Endicott, J., Spitzer, R.L., Fleiss, J.L. et al. (1976). The global assessment scale: A procedure for measuring overall severity of psychiatric disturbance. Archives of General Psychiatry, 33, 766-771.

Hammill, D.D., Brown, L., & Bryant, B.R. (1992). A consumer's guide to tests in print (2nd ed.). Austin, TX: Proed.

Naglieri, J.A., & Flanagan, D.P. (in press). A psychometric review of behavior rating scales. Child and Adolescent Mental Health Care.

Naglieri, J.A., LeBuffe, P.A., & Pfeiffer, S.I. (1992). Devereux Behavior Rating Scale - School Form. San Antonio, TX: The Psychological Corporation.